

Arkansas State Council

Easter Seals

CHAPTER REPORT FORM

# Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Chapter Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number \_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chapter Easter Seals or Philanthropic Chairman

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone # or email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Donations can be sent to Easter Seals Arkansas 3920 Woodland Heights Rd. Little Rock, AR 72212 or to Arkansas Easter Seals Chairman.*

*Include Total Contributions from April 1st through March 31st*

Donated Donated Mileage\* Donated

Project Monies Goods $$ x . \_\_ Hours

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\*\*TOTALS $\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_ Hours\_\_\_\_\_\_\_

\*Use current IRS Non-Profit Rate

\*\*These totals should be transferred to your chapter’s philanthropic report.

**State Report postmarked by: April 1st**

Send to State Easter Seals Chair: **Carol Davis**

**370 Bayne Rd**

**Malvern, AR 72104**

**501-815-3275**

Caroldavis53@hotmail.com