



Chapter Annual Philanthropic Report

Chapter name, # and town _____ State Council _____

15 or less members ____ 16 or more members ____ (CHECK ONE)

Reporting Period:

Philanthropic Service Projects		A	B	C	D
		Hours	Money Donated	Value of Donated Goods	Mileage
A	International Projects				
1	DIANA		\$	\$	
2	Easter Seals		\$	\$	
3	ESA Disaster Fund		\$	\$	
4	ESA Foundation		\$	\$	
5	Hope Projects - Hats		\$	\$	
6	Baby Blankets		\$	\$	
7	Clothing		\$	\$	
8	St. Jude Children's Research Hospital		\$	\$	
9	Outstanding Youth Award		\$	\$	
10	Other		\$	\$	
B	State Projects (List)				
11	Heartspring		\$	\$	
12	Kansas Care & Share		\$	\$	
13	Goodwill				
C	District/Zone Projects (List)		\$	\$	
14			\$	\$	
D	Chapter Projects (List on Reverse Side)				
15	(Total from Reverse Side)		\$	\$	
E	Civic Projects (List on Reverse Side)				
16	(Total from Reverse Side)		\$	\$	
F	Other Projects (List on Reverse Side)				
17	(Total from Reverse Side)		\$	\$	
18	Subtotal, # 1-17		\$	\$	

19	Actual Hours (Line 18 Column "A")	<input type="text"/>
20	Actual Money (Line 18 Column "B")	\$ <input type="text"/>
21	Donated Goods (Line 18 Column "C")	\$ <input type="text"/>
22	Mileage (Line 18 Column "D" X current IRS Rate) (1-800-829-1040)	\$ <input type="text"/>
23	Grand Total Hours (Line 19)	<input type="text"/> Hrs.
24	Grand Total Money (Lines 20,21 & 22)	\$ <input type="text"/>

Submitted by Chapter Philanthropic Chairperson: _____ Date: _____
 Name: _____ Address: _____
 City: _____ ZIP: _____
 Telephone: (Daytime): _____ Telephone: (Evening) _____

**Submit this form to the current year Kansas State Council Philanthropic Chairperson.
 DEADLINE: MUST BE POSTMARKED BY APRIL 1**

