



Chapter Annual Philanthropic Report

Chapter name, # and town _____ State Council _____

Actual Number of Members in the Chapter at the time of reporting: _____

Reporting Period: _____

	Philanthropic Service Projects	A Hours	B Money Donated	C Value of Donated Goods	D 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		\$	\$	
	Goodwill		\$	\$	
C	District/Zone Projects (List)				
13			\$	\$	
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")		
20 Actual Money (Line 18 Column "B")		\$
21 Donated Goods (Line 18 Column "C")		\$
22 Mileage (Line 18 Column "D" X current IRS Rate) (1-800-829-1040)		\$
23 Grand Total Hours (Line 19)	Hrs.	
24 Grand Total Money (Lines 20,21 & 22)		\$

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**

CHAPTER, CIVIC AND OTHER PROJECTS

PROJECT WITH A BRIEF DESCRIPTION	A HOURS	B DONATED MONIES	C VALUE OF DONATED GOODS	D NUMBER OF MILES
CHAPTER PROJECTS:				
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
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		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
TOTAL – CHAPTER PROJECTS		\$	\$	
CIVIC PROJECTS:				
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
TOTAL – CIVIC PROJECTS		\$	\$	
OTHER PROJECTS:				
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
TOTAL – OTHER PROJECTS:		\$	\$	

Refer to Philanthropic – Service Guidelines on how and what to count.

DO NOT USE INITIALS