Epsilon Sigma Alpha INTERNATIONAL®

EASTER SEAL RECORD OF IN-KIND-GIFT

Reproduce this form as necessary

Chapter Name _____ Number _____ District: _____

Donating Member's Name: ___Address: _____

City_____, State _____ & Zip Code: _____

Thank you for this gift and for your support.
One copy each to: Kansas Easter Seals Chairperson; Chapter Chairperson;
and member's personal file (for income tax purposes)

Quantity Item Description Estimated Value

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Revised 2009 Easter Seals 50