PHILANTHROPIC SERVICE AWARDS
CHAPTER ENTRIES

This form is to be completed by the State Philanthropic/Service Chair covering the state’s **TOP THREE CHAPTERS** having (1) the **Most Monies** and (2) the **MOST HOURS** based upon IC Philanthropic Service Award Rules and Requirements.

STATE COUNCIL: ________________ Reporting Period: June 1, 20__ and May 31, 20__

### TOP THREE STATE MONEY AWARD WINNERS

<table>
<thead>
<tr>
<th>Position</th>
<th>Chapter Name:</th>
<th>1ST PLACE</th>
<th>2ND PLACE</th>
<th>3RD PLACE</th>
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- **Chapter Number:**
- **Chapter City:**

1. Total Actual Cash Monies Donated
2. Total Estimated Monetary Value of Items Donated
3. Total Number of Miles Donated x current IRS Rate (800-829-1040)

**GRAND TOTAL OF ALL MONIES** (lines 1 + 2 + 3)

### TOP THREE STATE HOURS AWARD WINNERS

<table>
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</table>

- **Chapter Number:**
- **Chapter City:**

**TOTAL NUMBER OF HOURS DONATED**

Submitted by State Philanthropic Chair – Name: _____________________________
Address: _____________________________ City: __________ State: __________ Zip: __________
Telephone: (day) ___________________________ (evening) ___________________________ E-Mail: ________________________________________________

Date: _____________________________

**DEADLINE:** Must be postmarked by June 15

Send to: International Philanthropic Chair

Revised August 2006
pg 089 IC Philanthropic Form