



EPSILON SIGMA ALPHA

**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__

<i>TOP THREE STATE MONEY AWARD WINNERS</i>	1 ST PLACE	2 ND PLACE	3 RD PLACE
Chapter Name:			
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)			

<i>TOP THREE STATE Hours AWARD WINNERS</i>	1 ST PLACE	2 ND PLACE	3 RD PLACE
Chapter Name:			
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: _____

Send to: International Philanthropic Chair

DEADLINE: Must be postmarked by June 15