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| **Alabama State Council – ESA** |
| **Philanthropic Quarterly Report Form** |
| **Due Date: June 1, October 1, January 1, and April 1** |
|  |
| **Chapter Name & Number City**  |
|  |
|  | **Quarter**  |  | **Membership Per Month** |  |
|  |  |  |  |  |
| **Philanthropic Service Projects** | **A** | **B** | **C** | **D** |
|  | **Hours** | **Monies****Donated** | **\*Donated** **Goods** | **Number of Miles** |
| **A. INTERNATIONAL** |  | **Cash/Check** | **\*Used** | **\*\*New** |  |
| 1. **DIA**
 |  |  |  |  |  |
| 1. **Easter Seals**
 |  |  |  |  |  |
| 1. **ESA Disaster Fund (See below)**
 |  |  |  |  |  |
| 1. **ESA Foundation**
 |  |  |  |  |  |
| 1. **Hope Projects - Hats**
 |  |  |  |  |  |
| 1. **Baby Blankets**
 |  |  |  |  |  |
| 1. **Clothing – Domestic Violence**
 |  |  |  |  |  |
| 1. **St. Jude Children’s Research Hosp.**
 |  |  |  |  |  |
| 1. **Youth Award**
 |  |  |  |  |  |
| 1. **x**
 |  |  |  |  |  |
| 1. **x**
 |  |  |  |  |  |
| 1. **x**
 |  |  |  |  |  |
| 1. **x**
 |  |  |  |  |  |
| **B. STATE** |  |  |  |  |  |
| 1. **Al Past Presidents Scholarship Fund**
 |  |  |  |  |  |
| 1. **a**
 |  |  |  |  |  |
| **C. DISTRICT/ZONE** |  |  |  |  |  |
| 1. **a**
 |  |  |  |  |  |
| **D. CHAPTER** |  |  |  |  |  |
| 1. **From Reverse Side**
 |  |  |  |  |  |
| **E. CIVIC** |  |  |  |  |  |
| 1. **a**
 |  |  |  |  |  |
| **F. OTHER** |  |  |  |  |  |
| 1. **a**
 |  |  |  |  |  |
| **SUBTOTAL ROWS #1-19** |  |  |  |  |  |
| **ACTUAL HOURS COLUMN “A”** |  |  |  |  |  |
| **ACTUAL MONEY COLUMN “B”** |  | **$**  |  |  |  |
| **ACTUAL GOODS COLUMN “C”** |  |  | **$**  | **$**  |  |
| **# MILES COLUMN “D” X CURRENT IRS RATE OF 53.5** |  |  |  |  | **$**  |
| **GRAND TOTALS** |  | **$** | **$** | **$** | **$**  |
|  |  |  |  |  |  |
| **\*Donated Goods, if USED, are figured at 15% of estimated new cost. \*\* Donated Goods, if NEW, is 100% of cost.** |
| **Please use another sheet if necessary. Do not use initials for project names, use FULL NAMES** |
| **Make three (3) copies. Send one copy to State Philanthropic Chair and one to Workshop Coordinator. Keep one copy for Chapter Files** |
| **STATE PHILANTHROPIC CHAIRPERSON: Betty Thompson** | **WORKSHOP COORDINATOR: Betty Thompson** |
|  |  |
| **Chairperson Use Only: Rec’d on Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Late\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **OTHER PROJECTS** | **Hours** | **Monies****Donated** | **Donated** **Goods** | **Number of****Miles** |
|  |  | **Cash /Check** | **\*Used** | **\*New** |  |
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| **TOTALS** |  |  |  |  |  |
| **\*Donated Goods, if USED, are figured at 15% of estimated NEW cost. \*\* Donated Goods, if NEW, is 100% of cost.** |