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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.** | | | | | |