**COLORADO STATE COUNCIL**

**EASTERSEALS REPORT FORM**

**Due April 1**

(Reporting period: April 1 through March 31)



**Date:**

**SUBMIT TO: Easterseals Coordinator**

**ESA Colorado State Council**

**The form may be emailed or mailed.**

Chapter Name and Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chapter Easterseals Chair or Philanthropic Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project** | **A**  **Hours** | **B**  **Donated**  **Monies** | **C**  **Donated**  **Goods $$** | **D**  **Miles** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **TOTALS** | **$** | **$** | **$** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Total Hours - A |  |  | | |
| Total Donated Monies - B |  | **$** |  | |
| Total Donated Goods - C |  | | **$** |  |
| Total Miles times current IRS Rate (posted on the IC website) |  | | | **$** |
|  | | | | |
| **Combined Monies** | **TOTAL (B, C, and D)** | | | **$** |
|  | | | | |
| **Number of Chapter Members** |  | | | |

**Refer to ESA International Philanthropic Service Guidelines, as posted on the IC website, regarding reporting.**

* Round up miles and hours; i.e., round 3.5 to 4.

**Donations** may be sent thru the ESA Foundation Turn-Around Fund. Tax ID: 84-0412575.

Send donations to:

Easterseals Colorado

393 South Harlan, Suite 250

Lakewood, CO 80226