**Instructions**

Keep a copy of this report for your Chapter files. Mail a copy to the Philanthropic Chairman. If you need assistance filling out this form, please call or email Philanthropic Chairman/Co-Chair:

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If this report includes information regarding the ESA for St. Jude, Distinguished AchievementAward, Easter Seals, ESA Disaster Fund, ESA Foundation, Outstanding Youth, Hope for Heroes or State Project, please send a copy of this report to that respective chairman. Contest Chairs will not be exchanging information.

### Distinguished Achievement Award Chair

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### Hope for Heroes Chair

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**Outstanding Youth**

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### State Project Director

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**OTHER SERVICE PERFORMED IN THE NAME OF ESA:**

Please list the full names of the organizations receiving aid through ESA and a brief explanation of what was done in order to have hours, monies and monetary value counted. You may attach an additional sheet if more space is needed to provide this information. Be sure to include this information in your Chapter Minutes.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Chapter Name & Number:** | | | **City:** | | |
| **Chapter Contact Person:** | | | **Phone:** | | |
| **Contact Address:** | | | | | |
| **Report for the Year of: (Report by April 1—do not send monthly)** | | | | | |
| **SERVICE PROJECTS** | **Actual** Hours | **Actual**  **Money**  **Donated** | | **Value of**  **Donated Goods \*** | **Actual**  **Mileage** |
| Distinguished Achievement Award  **(Formerly DIANA)** |  |  | |  |  |
| Easter Seals |  |  | |  |  |
| ESA Disaster Fund |  |  | |  |  |
| ESA for St Jude – ALSAC sponsored events  (Dream Home, Radiothon, Give Thanks. Walk) |  |  | |  |  |
| ESA for St Jude - Other |  |  | |  |  |
| ESA Foundation |  |  | |  |  |
| Hope for Heroes |  |  | |  |  |
| Outstanding Youth Award |  |  | |  |  |
| State Project -- provide details on page 2 |  |  | |  |  |
| \_\_\_\_\_\_\_\_ District Project |  |  | |  |  |
| Chapter Projects --List each project and continue on separate page as needed |  |  | |  |  |
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| Other (List – continue on separate page as needed) |  |  | |  |  |
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| Totals |  |  | |  |  |

**\* ”Value of Donated Goods” amounts are estimated by figuring 15% of the retail value on used items and full retail value on new items.**

|  |  |
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| **Chapter Name & Number:** |  |
| **Report for the Month(s) of:** |  |

State Project Details

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| --- | --- | --- | --- | --- |
| Name of  Sponsored Child/School | Actual Hours | Actual  Money Donated | Value of  Donated  Goods | Actual  Mileage |
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**Donations made directly to schools:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of  School | Actual Hours | Actual  Money Donated | Value of  Donated  Goods | Actual  Mileage |
|  |  |  |  |  |
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**Donations made directly to the State Project Fund:**

**(checks payable to Oklahoma State Council of ESA, State Project Fund)**

|  |  |  |  |
| --- | --- | --- | --- |
| Actual Hours | Actual  Money Donated | Value of  Donated  Goods | Actual  Mileage |
|  |  |  |  |
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| --- | --- | --- | --- | --- |
|  | Actual Hours | Actual  Money Donated | Value of  Donated  Goods | Actual  Mileage |
| Totals |  |  |  |  |