



ANNUAL CHAPTER REPORT FORM

Date:				
Send To: Your State Easter (Include Total Con			n March 31 st)	
NOTE: Your State Easterse	als Chair Year-e	nd Report is d	ue to the IC Jr. Easterse	als Chair by May 15
Chapter Name	N	umber	City	
Chapter Easterseals or Phil	anthropic Chair	Phone	# or email	
Number of members includi	ng pledges as of			
You may use the ESA F State Easterseals Office of 60606.				•
<u>Project</u>	Donated Monies	Donated Goods \$	Mileage IRS Rate	Donated Hours
TOTA	LS			
IOIA				

Revision: Feb 2023