



Missouri State Council
EASTERSEALS

Chapter Name _____ Number _____
City _____

Chapter Easter Seals or Philanthropic Chairman

Name: _____

Phone # _____ E-mail _____

Address: _____

City, State, Zip Code _____

Number of members including pledges as of February 28: _____

Total Contributions Year-to-Date: March 1 – February 28

Table with 5 columns: 3/1 – 2/28, Donated Money, Donated Goods \$, Number Of Miles, Donated Hours. Includes a row for TOTALS and a note: 'The above does not include ink cartridges or cell phones sent in'.

ESA MISSOURI Chapters - EASTERSEAL CHALLENGE: "WISH LIST PROJECT"

Total - \$ _____

(TOTAL MONEY AND GOODS DONATED THROUGHOUT THE YEAR)

Projects your chapter held / worked on / donated to for Easter Seals:

Two horizontal lines for listing projects.

If you had a successful project, please share any comments, suggestions and ideas:

Three horizontal lines for sharing comments and suggestions.

Submit by March 1st to: Pam Baker
11739 N Bellefontaine Ave
Lot 108
C – (816) 266-1186
Esasmilie21@yahoo.com