



Missouri State Council Easterseals/ucp report

Chapter Name _____ Number _____

City _____

Chapter Easter Seals or Philanthropic Chairman

Name: _____

Phone # _____ email _____

Address: _____

City, State, Zip Code _____

Number of members including pledges as of February 28: _____

Total Contributions Year to Date: March 1 -February 28

3/1 -2/28	Donated Money	Donated Goods \$	Number Of Miles	Donated Hours
TOTALS	\$	\$		
<i>The above does not include ink cartridges or cell phones sent in</i>				
Number of Ink Jet Cartridges (Number only –not dollar amt.)				

ESA MISSOURI Chapters -EASTER SEAL CHALLENGE: **“WISH LIST PROJECT”**

TOTAL \$ _____

Total Money and Goods Donated Throughout the Year.

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

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

Submit by March 1st to:

Karla Koskela
3401 Shoemaker Dr.
Columbia, MO 65202
H –573-443-5740
C – 573-823-9793