



FOUNDATIONTM
EPSILON SIGMA ALPHA

For OFFICE use only

Date _____
Amount _____
Receipt No. _____
CS : _____ NS _____
CK#: _____ DT _____

TURN AROUND FUND REQUEST FORM

Please return this form to:

ESA FOUNDATION (970-223-2824)
2580 E Harmony Rd, Suite 301-11
Ft. Collins, CO 80528

☐ Enclosed is my Check-Please make all checks payable to ESA Foundation

☐ Please charge my: ☐ VISA ☐ Master Card ☐ Discover Card

_____ + _____ Signature _____ Exp. _____
Credit Card # + security code on back of card

Send donation receipt to:

Name _____
[Treasurer's Name if Chapter donation]

ESA Member No. _____

Chapter / Council Name _____

Chapter / Council No. _____

Address _____

Credit this DONATION to:

☐ an Individual ☐ a Chapter

City / State / Zip _____

\$ _____ In Memory of _____

\$ _____ In Honor of _____

Donation made to _____

Please send acknowledgement to:

Name: _____

Address: _____

The check you send to the TURN AROUND FUND must be **made payable to ESA FOUNDATION.**

Your donation to each charity must be for \$25 or more and they must be a 501c3 IRS designated/certified organization.

Please limit the number of charities per check to 10. If more than 10 charities are being designated, please include only 10 charities per check with a separate form for each check. This is needed to ensure the funds can be processed through the computer software.

The EIN # for each charity must be provided. May be found on www.guidestar.com.

NOTES:

1. All Turn Around checks to St. Jude Children's Research Hospital will be given directly to Headquarters for processing.
If you would like it returned to you, please indicate that to us in writing.
If you use ALSAC / St. Jude materials / supplies for your event, you may NOT use the Turn Around Fund.
2. A Turn Around Check cannot be issued directly to an individual or reissued to a Chapter or State Council.
3. The Internal Revenue Service does not allow the Foundation to use Turn Around funds for donations to the following:
ESA Disaster Fund, State/Regional Love or Care Funds.
4. All checks will be mailed to the donor / chapter for distribution to the charity, unless indicated otherwise.
5. Checks that must be re-issued for whatever reason will have a service fee of \$ 25 deducted from the check.
6. Checks not cashed within 120 days of the date of issue will be considered a donation to the ESA Foundation General Fund.
7. **The name of the Charity must be listed as the IRS has them. If the EIN# is not provided your check will be returned.**

Name must be as the IRS Refers to them

Amount	Name of Charity	EIN #
\$ _____	_____	_____
_____	_____	_____
Amount	Name of Charity	EIN #
\$ _____	_____	_____
_____	_____	_____
Amount	Name of Charity	EIN #
\$ _____	_____	_____
_____	_____	_____

	Name of Charity	EIN #
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