



INDIANA STATE COUNCIL

EASTERSEALS CONTRIBUTIONS

Make Check Payable to: Easterseals		
Send to:		
	ayla Greeson	
	Salahad Drive	
	lin, IN 46131	
<u>DO NOT</u> send Easterseals money to the India affiliate. Report Philanthropic Hours to Jenn		r or to your regional Easterseals
Chapter Name:		Chapter No.:
Please find enclosed our chapter's check # for Easterseals.	in the amour	nt of: \$
If Applicable, indicate Name of Event from which	ch monies were raise	ed:
No. of Hours:	No. of Miles:	
Check this box if the funds are to be used for the	Sensory Garden Spec	cial Project at Easterseals Crossroads
MEMOR	IALS / HONORAR	RIUMS
Please find enclosed a Memorial Gift in the amo	ount of	
In Memory or Honor of		
Please send memorial card.		
<u>TO</u>		
Name:		
Address:		
<u>FROM</u>		
Name:		
Address:		
Chapter Treasurer:		
Address:		
City:		Zip: