



**TURN AROUND FUND REQUEST FORM**

For OFFICE use only	
CK#:	_____
Amount:	_____
Date:	_____

- Enclosed is my Check**  
Please make all checks payable to ESA Foundation
- Please charge my:**     VISA     Master Card     Discover Card

**Please return this form to:**  
 ESA FOUNDATION  
 2580 E Harmony Rd, Suite 301-11  
 Ft. Collins, CO 80528

\_\_\_\_\_ + \_\_\_\_\_ Signature \_\_\_\_\_ Exp. \_\_\_\_\_  
**Credit Card # + security code on back of card**      If you have questions, please call (970) 223-2824.

**Credit this donation to:**

Individual	
Donor Name: _____	OR
ESA Member # _____	
(if applicable): _____	

Organization (Business, ESA Chapter, Council, or Entity)	
Org Name: _____	OR
ESA Org # _____	
(if applicable): _____	

**Send donation receipt to:**

Email: \_\_\_\_\_ OR Address: \_\_\_\_\_  
 City / State / Zip: \_\_\_\_\_

**Send honorary acknowledgement to:**

N/A

\$ \_\_\_\_\_ In Memory of \_\_\_\_\_ Name: \_\_\_\_\_  
 \$ \_\_\_\_\_ In Honor of \_\_\_\_\_ Address: \_\_\_\_\_  
 Donation made to \_\_\_\_\_

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.

**The EIN # for each charity must be provided (check www.guidestar.com for the EIN # and IRS Name).**

- NOTES:**
- All Turn Around checks to St. Jude Children's Research Hospital will be given directly to Headquarters for processing.  
If you use ALSAC / St. Jude materials / supplies for your event, you may NOT use the Turn Around Fund.
  - A Turn Around Check cannot be issued directly to an individual or reissued to a Chapter or State Council.
  - 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.
  - All checks will be mailed to the donor / organization for distribution to the charity, unless indicated otherwise.
  - Checks that must be re-issued for whatever reason will have a service fee of \$ 25 deducted from the check.
  - Checks not cashed within 120 days of the date of issue will be considered a donation to the ESA Foundation General Fund.
  - The name of the Charity must be listed as the IRS has them. **If the EIN# is not provided your check will be returned.**

Amount	Name of Charity - As recognized by the IRS	EIN #
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____