



**For OFFICE use only**

Date \_\_\_\_\_  
 Amount \_\_\_\_\_  
 Receipt No. \_\_\_\_\_  
 CS : \_\_\_\_\_ NS \_\_\_\_\_  
 CK#: \_\_\_\_\_ DT \_\_\_\_\_

**TURN AROUND FUND REQUEST FORM**

- 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 (970-223-2824)**  
**363 West Drake Road**  
**Ft. Collins, CO 80526**

\_\_\_\_\_ + \_\_\_\_\_ Signature \_\_\_\_\_ Exp. \_\_\_\_\_  
**Credit Card # + security code on back of card**

**Send donation receipt to:**

Name \_\_\_\_\_  
 [Treasurer's Name if Chapter donation]  
 Chapter / Council Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City / State / Zip \_\_\_\_\_

ESA Member No. \_\_\_\_\_  
 Chapter / Council No. \_\_\_\_\_

**Credit this DONATION to:**

- an Individual     a Chapter

\$ \_\_\_\_\_ 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.

**The EIN # for each charity must be provided. May be found on [www.guidestar.com](http://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 #
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____

