

DELTA THETA TAU SORORITY, INC.

REPORT OF CHAPTER PHILANTHROPY

Chapter Name _____ Province **Beta** _____

City _____ State _____

Report Period: June 1, 2020 through May 31, 2021

Please use Black Ink to complete form.

SECTION I – ACTIVE MEMBERSHIP

1. Number of **Active Members** as of **June 1, 2020**

Refer to copy of Chapter Registration Form #1. (Do not include Associates)

2. **Active** Past National President and/or Honorary Members

3. **Total Members** Line 1 plus Line 2

SECTION II – NATIONAL DUES AND ASSESSMENTS

1. **National Sorority Dues:** Multiply \$30.00 X number listed on Line 1, Section I

2. **Delta Home Dues:** Multiply \$2.00 X number listed on Line 3, Section I

3. **Province Dues: Philanthropy Portion of Province Dues**

✓ **Province Philanthropy Fund** \$ 1.25 X Line 3, Section I

4. **Welcome Dollars:** Amount sent new chapters between 6-1-20 and 5-31-21

5. **National Convention Allowance:** (If no delegate, enter -0-)

6. **Province Convention Allowance:** (If no delegate, enter -0)

7. Donation to **Norma Money Benefit Fund.**

8. Donation to **Delta Home Special Gift Fund**

9. Donation to **GRIT Fund** (Does not include subscription fees).

10. Donation to **Philanthropy Fund** (separate as indicated below)

a. **Educational Grants in Counseling**

b. **National Foundation for Ectodermal Dysplasias**

11. **Total Section II** (Add Line 1 through Line 10)

SECTION III – CHAPTER PHILANTHROPY

A). Money donated through Chapter Treasury. DO NOT include Chapter Welfare or money collected for National Organized Campaigns. Complete Page 4, Itemized Report.

NAME OF PROJECT

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

*9. Amount brought forward from attachment page.

10. **Total Money Donated Through Chapter Treasury**

B). Donations made to Philanthropy Projects must be supported with cash register receipts. Copy receipts by Project on 8 1/2 x 11 paper and attach to Form 52. If copies are not legible, then those copies will not be accepted.

PASS THROUGH DONATIONS

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- *6. Amount brought forward from attachment page. _____

7. Total Pass Through Donation Money _____

Total Section III, (A) and (B) (Add Line 10 and Line 7) _____

If additional space is needed, please make attachment pages.

SECTION IV – TOTALS AND PER CAPITA CONTRIBUTIONS

- 1. **Total Philanthropy** – Add Line 11, Section II, plus Total, Section III, (A) and (B) _____ **
- 2. **Per Capita** – Divide Line 1, above, by **Total Members***, Line 3, Section I _____ **

SECTION V – VOLUNTEER HOURS – ACTIVE MEMBERS ONLY

List below ALL Volunteer Service Hours by Chapter or Active Members to any charity in the NAME of Delta Theta Tau Sorority. Refer to “Guidelines for Acceptable and Non-Acceptable Service Hours and Philanthropy Fund Donations”.

NAME OF VOLUNTEER SERVICE

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. Amount brought forward from attachment page _____

12. TOTAL SECTION V _____ **

SECTION VI – PER CAPITA VOLUNTEER SERVICE HOURS

- 1. Divide Line 12, Section V, by **Total Members***, Line 3, Section I _____ **

✓ **Do not include PNP’s/Honorary Members who live out of town.**

*****National Philanthropy Awards will be based on the above figure. (Failure to complete and forward this report to the Province Chairman by August 1, 2021, will result in a fine determined by the Province, not to exceed fifteen dollars (\$15.00) and the chapter will not be eligible for awards at National or Province Conventions.)***

If there are any explanations to clarify donations or time listed on this report, please attach memo to help Province Chairman and/or Secretary of Philanthropy. Questionable donations may not be allowed if supporting explanations are not given.

GENERAL INFORMATION

SECTION VII – PROVINCE PHILANTHROPY FUND AS OF JUNE 1, 2021

Active Membership as of JUNE 1, 2021, (including PNP (s) and /or Honorary Members
Refer to Chapter Registration Form #1. (See Recording Secretary’s Handbook for Form #1) _____

Return **Original** copy of this report to **Province Chairman** on or before **August 1, 2021**
Include check for Province Dues (**Philanthropy Fund & General Fund**) based on Active Membership
figure above, times \$_____ for Total Amount, to be paid per Active Member.

TOTAL PROVINCE DUES INCLUDED

(Make Check Payable to: Beta Province, Delta Theta Tau, Inc.) _____
Make two (2) copies of the completed Form #52. Retain one (1) copy of Form #52 in Chapter President’s
Handbook and one (1) copy in the Chapter Treasurer’s Handbook. **Send to Province Chairman address
below.**

NATIONAL BYLAW, Article XIII, Section 17 (page 8, 2019 revision)

“Each chapter in the province shall pay a fine determined by the province, but not to exceed fifteen dollars (\$15), to the Province Chairman for failure to complete and forward Chapter Philanthropy Report Form #52, with province dues. Any chapter not filing by August 1, will not be eligible for National or Province awards, however, their totals will be included.”

(Name of Officer Preparing Report)

(Area Code) (Phone Number)

Province Chairman name **Carolyn Scruggs**

Address **4804 W. Petty Road**

City, State, Zip code **Muncie, Indiana 47304**

This portion of Chapter Philanthropy Report must be completed in full and included with report.
Provide explanation for any Project that may be questionable to Province Chairman or Secretary of Philanthropy.

ITEMIZED REPORT – SECTION III – CHAPTER PHILANTHROPY (A) (See page 1)

ITEMIZED REPORT – SECTION III – PASS THROUGH DONATIONS (B) (See page 2)

ITEMIZED REPORT – SECTION V – VOLUNTEER HOURS (See page 2)

(Name of Officer Preparing Report)

(Area Code) (Phone Number)