Knights of Columbus  

INDIANA STATE COUNCIL  
CULTURE OF LIFE CHECK REQUEST FORM

Council Number: ____________  Date: ____________
Council Name: _______________________________
Council Location: ____________________________
Grand Knight: ________________________________
Culture of Life Chair-Couple: ____________________

If the Council conducted a Culture of Life activity to raise this money, please describe the event below.

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Total Amount of Council Check Forwarded to Indiana State Council</td>
<td>$ ______</td>
</tr>
<tr>
<td>B</td>
<td>Minimum 10% Donation to the Indiana State Council Culture of Life Fund</td>
<td>$ ______</td>
</tr>
<tr>
<td></td>
<td>(Donations allow the Indiana State Council to fund State-wide COL projects as needed throughout the year.)</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Donation to the Indiana State Council Ultrasound Fund</td>
<td>$ ______</td>
</tr>
<tr>
<td>D</td>
<td>Donation to the Indiana State Council Safe Haven Baby Boxes Fund</td>
<td>$ ______</td>
</tr>
</tbody>
</table>
| E    | Remaining Amount to be donated to agencies other than the Indiana State Council  
   | COL Funds above (Subtract Lines B, C, & D from Line A)                     | $ ______ |

Please list information and amounts for all agencies receiving distributions from the Remaining Amount on Line E of this form.

1. Name: ___________________________  $ ______
   Address: ____________________________
   City: ___________________________ State: _______ ZIP: _______

2. Name: ___________________________  $ ______
   Address: ____________________________
   City: ___________________________ State: _______ ZIP: _______

3. Name: ___________________________  $ ______
   Address: ____________________________
   City: ___________________________ State: _______ ZIP: _______

Make the full check payable to: "Indiana State Council". Checks to other agencies will be returned to the Council's Financial Secretary at the address in the current State Directory.

SUBMIT CHECK AND COPY OF THIS FORM TO: Indiana State Treasurer  
State Life Director (MUST send copy to COL Chairman for credit)  
District Deputy Council Files

This form is available online at www.indianakofc.org/forms