

IN-TOT2



Knights of Columbus

INDIANA STATE COUNCIL O'ROURKE TOOTSIE ROLL DRIVE FOR INTELLECTUALLY DISABLED CITIZENS FINANCIAL REPORT

SUBMIT:
After Drive

Council Number _____ City _____ Date(s) _____

INCOME:

Sale of _____ cases of Tootsie Rolls: \$ _____

Other donations: \$ _____

TOTAL INCOME: \$ _____

EXPENSES:

_____ Cases of Tootsie Rolls: \$ _____

_____ Aprons@ _____: \$ _____

Insurance Expense \$ _____

Miscellaneous Expense: \$ _____

TOTAL EXPENSES: \$ _____

NET INCOME FROM DRIVE: \$ _____

DISTRIBUTION REQUEST

AMOUNT OF COUNCIL CHECK TO STATE COUNCIL: \$ _____

Please list the name and address of each approved eligible organization to which you wish to donate and indicate the amount to be donated. Use an additional sheet if necessary.

Minimum of 10% Total to be donated to Gibault: \$ _____

(1) _____
Name of Organization

Address

City State ZIP Amount: \$ _____

(2) _____
Name of Organization

Address

City State ZIP Amount: \$ _____

(3) _____
Name of Organization

Address

City State ZIP Amount: \$ _____

(4) **AMOUNT TO BE DONATED TO THE STATE SPECIAL OLYMPICS** \$ _____

Grand Knight Date

Checks written to the above organizations for the amount indicated will be returned to the Council for distribution. Unless directed otherwise, the checks will be mailed to the financial secretary of the Council at the address listed in the most recent state directory. Send **two** copies of this report and the Council check made payable to: **Indiana State Council:**

SUBMIT TO: Indiana State Treasurer
COPIES TO: State Community Director, District Deputy, Council File