

IN-TOT2



Knights of Columbus

SUBMIT: After Drive, Due by 6/15

INDIANA STATE COUNCIL O'ROURKE TOOTSIE ROLL DRIVE FOR INTELLECTUALLY DISABLED CITIZENS CHECK REQUEST FORM

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.

(1) AMOUNT TO BE DONATED TO GIBAULT \$ _____

(2) AMOUNT TO BE DONATED TO INDIANA SPECIAL OLYMPICS \$ _____

(3) _____
Name of Organization

Address

City State ZIP Amount: \$ _____

(4) _____
Name of Organization

Address

City State ZIP Amount: \$ _____

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 copy of this report and the council check made payable to **Indiana State Council** to State Treasurer at address in State Directory

SUBMIT TO: Indiana State Treasurer

COPIES TO: State Community Director

District Deputy

Council Files

7/2019

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