Knights of Columbus
INDIANA STATE COUNCIL O’ROURKE TOOTSIE ROLL DRIVE
FOR INTELLECTUALLY DISABLED CITIZENS

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

______________________________ Amount: $__________

City State ZIP

(4) ____________________________

Name of Organization

______________________________

Address

______________________________ Amount: $__________

City State ZIP

_________________________________________  ___________________________

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