

REPORT

KNIGHTS OF COLUMBUS



Kansas State Council
Tootsie Roll Program
Helping People With
Intellectual Disabilities

THIS REPORT TO BE FILLED OUT IMMEDIATELY
AFTER FUND DRIVE COMPLETION.

Date: _____

Council Name: _____ No. _____

Grand Knight: _____

Address: _____

City: _____ State: _____ Zip: _____

Checks Will Be Sent To Grand Knight
Unless Otherwise Specified.

Total Cases Ordered: _____

1. Total Proceeds Received from Tootsie Roll Program		\$ _____
2. Expenses: Cost of Tootsie Rolls	\$ _____	
Advertising	\$ _____	
Misc. Expense (Aprons)	\$ _____	
3. Total Line No. 2 Expenses		\$ _____
4. Net Amount From Tootsie Roll Program To Be Distributed (Line 1 less Line 3)		\$ _____

RETURN ONE COPY OF THIS FORM TO STATE TREASURER WITH YOUR CHECK FOR THE NET AMOUNT (Line 4)

Make Checks Payable to: TOOTSIE ROLL PROGRAM FUND

The State Council will return 80 percent of line 4, made payable to the center or school of your choice. The State Council will keep 20 percent of line 4 to be used in such state projects as the Kansas Special Olympics Basketball Tournament, Lake Mary Center, Holy Family Center and the Diocesan Reach Programs, etc.

5. KANSAS STATE COUNCIL (20% of Line 4)		\$ _____
6. COUNCIL TO DISTRIBUTE 80% of LINE 4 AS FOLLOWS		
A. _____		\$ _____
Center for Intellectual Disabilities	City	
B. _____		\$ _____
Center for Intellectual Disabilities	City	
C. _____		\$ _____
Center for Intellectual Disabilities	City	
D. _____		\$ _____
Center for Intellectual Disabilities	City	
7. TOTAL TO BE DISTRIBUTED (Lines 5 & 6 must equal line 4)		\$ _____

Signed: _____ Title: _____

Send Copies of report to: 1) State Treasurer, 2) Commitment to Humanities Chairman, 3) Retain for Council Records

QUESTIONS CONCERNING THIS FORM CONTACT COMMITMENT TO HUMANITIES CHAIRMAN
AT COMMUNITY@KANSAS-KOFC.ORG