REPORT

KNIGHTS OF COLUMBUS

Kansas State Council

Tootsie Roll Program
Helping People With
Intellectual Disabilities

PLEASE PRESS HARD WITH BALL POINT PEN

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** …… $ 0.00

4. **Net Amount From Tootsie Roll Program To Be Distributed (Line 1 less Line 3)** …….. $ 0.00

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 retarded 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) $ 0.00

6. **COUNCIL TO DISTRIBUTE 80% of LINE 4 AS FOLLOWS** 0.00

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) $ 0.00

Signed: _____ Title: _____

Send Copy of Reports to 1) State Treasurer 2) Tootsie Roll Chairman 3) Council Records

QUESTIONS CONCERNING THIS FORM CONTACT STATE TOOTSIE ROLL CHAIRMAN

Clear Data