

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	\$ 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 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	
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 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 HUMANITIES@KANSAS-KOFC.ORG

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