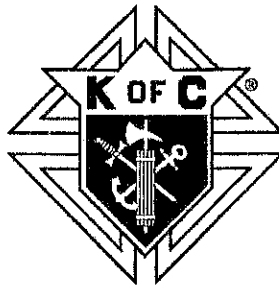


Nebraska State Council



Knights of Columbus

TO: Don and Terri Hypse
 Health Service Directors
 Nebraska Knights of Columbus
 1019 Sherman Street
 Wayne, NE 68787-1036
 Phone (402) 375-4574

FROM: Council No. _____
 Council Name _____
 Address _____
 City _____
 Zip Code _____
 Date: _____

WE HAVE PARTICIPATED IN THE CAMPAIGN FOR PEOPLE WITH INTELLECTUAL DISABILITIES:

Our council purchased _____ cases. Total cases distributed _____

Our campaign was held on _____
 List dates of drive.

1. Total revenue received before deductions. _____
2. Cost of Tootsie Rolls®. _____
3. Net proceeds (deduct line 2 from line 1). _____

Please make check payable to **K of C Intellectual Disabilities Foundation of Nebraska, Inc.** for the amount shown on line 3 above.

This report must be mailed with your check by Jan. 31. THIS IS EXTREMELY IMPORTANT!

REQUEST FOR 50% OF NET PROCEEDS:

Please list the names of organizations and the amounts for each that you wish the State Chairman to issue checks for.

NAME	AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL (MUST BE 50% OF NET PROCEEDS LISTED ON LINE 3 ABOVE:)	\$ _____

Signatures:

_____ Council Grand Knight

_____ Council Intellectual Disabilities Program Chairman

Please mail white copy to State Chairman and keep yellow copy for your files.