



Nebraska State Council

Knights of Columbus

TO: Jim Hubschman
Health Service Director
Nebraska Knights of Columbus
6688 Northridge Road
Ft. Calhoun, NE 68023
Phone (402) 669-7973

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.