

Nebraska State Council



Knights of Columbus

TO: Matt Richardson
Health Services Director
309 East Sherman St
West Point, NE 68788

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

WE HAVE PARTICIPATED IN THE TOOTSIE ROLL® PROGRAM:

Our council purchased _____ cases. Total cases distributed _____
Our council Tootsie Roll® Drive 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 June 1. THIS IS EXTREMELY IMPORTANT!

REQUEST FOR 50% OF NET PROCEEDS:

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

Table with 2 columns: NAME and AMOUNT. Includes lines for listing organizations and a total line at the bottom.

Signatures:

Council Grand Knight Council I. D. Program Chairman

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