Nebraska State Council

Knights of Columbus

TO: Matthew R. and Connie J. Richardson
Health Services Co-Directors
Nebraska Knights of Columbus
309 East Sherman St.
West Point, Ne 68788
Phone (402) 372-4980

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.

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

Signatures:

_____ Council Grand Knight

_____ Council M. R. Program Chairman

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