

Part I

Minnesota State Council

Knights of Columbus

Mail to: Raymond Wojtysiak
16632 Zuni St NW
Andover, MN 55304-1614

2018 REPORT FORM TOOTSIE ROLL PROGRAM FOR PEOPLE WITH INTELLECTUAL DISABILITIES

FROM _____ (GRAND KNIGHT) DIST.# _____

COUNCIL NAME _____ No. _____

City _____ Zip _____

Date _____ 20 _____

We have participated in the Tootsie Roll Intellectual Disabilities Program. Our Council ordered _____ cases. We distributed _____ cases.

Council will be charged for cases not used for ID program. This will be a separate billing. Monies will not be deducted from the revenue collected. We suggest that you keep the candy not dispensed. Use the leftover candy for a project such as youth, community, or at a parade or store it in a cool, dry place and use first next year.

Total revenue collected \$ _____
(Send entire amount collected in drive)

Number of volunteer hours _____

MAKE MONEY ORDER OR CASHIER'S CHECK PAYABLE TO: Minnesota Knights of Columbus MAIL FORM ALONG WITH YOUR CHECK FOR THE FULL AMOUNT.

Parts I and II of this report must be completed, Parts III and IV should be left blank, and the entire form should be mailed with a cashiers check for the **FULL AMOUNT OF REVENUE COLLECTED** by **MAY 10th. THIS IS IMPORTANT!**

Questions? Contact Chairman Raymond Wojtysiak at 612-363-1384 or Email: raywdd12@aol.com
(Retain a copy for council records.)

Part II

Our Council plans to donate its share of the revenue to: (indicate name and percentage each is to receive)

List name & number exactly as it appears on approved recipient list.

Recipient Number	Recipient Name:	%
1. 5260	State Council Fall Bowling for Special Olympics (Suggested 15%)	
2.		%
3.		%
4.		%
5.		%
6.		%
7.		%
8.		%

Part IV

For office only—Do not fill out

AMOUNT	CHECK NO.
<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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<input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Part III

Date _____

For Office Only – Leave This Area Blank

Total Revenue Received	\$	<input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/>
Minus Miscellaneous Expenses	\$	<input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/>
Minus Cost of Tootsie Rolls	\$	<input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/>
Balance Remaining	\$	<input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/>

_____ cases
of candy retained

\$ _____

Amount Council owes
for retained candy.