



IOWA KNIGHTS OF COLUMBUS
CAMPAIGN for
PERSONS with INTELLECTUAL DISABILITIES (CPID)



COUNCIL REPORT FORM

GRAND KNIGHT IS RESPONSIBLE FOR ALL FUNDS AND FILING REPORT

Date of report filing: _____

Council No. _____ Council's District No. _____ Council City: _____

Grand Knight: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Send TOTAL amount collected (Step 1 below) by check payable to:
Iowa Knights of Columbus CPID Fund
along with a copy of this report to:

Iowa Knights of Columbus, 2200 NW 159th St., Suite 400, PMB 275, Clive, IA. 50325

Step 1 Enter total amount collected and/or donated by council: \$ _____

Step 2 No. of cases of Tootsie Rolls your council ordered _____ X \$19.50 = \$ _____
Note: If no Tootsie Rolls were used, enter "0"

Step 3 Subtract Step 2 amount from Step 1 amount and enter that here: \$ _____

Step 4 Multiply Step 3 amount by 10% (0.10) and enter that total here: \$ _____
This amount is used for Special Olympics & other state wide projects.

Step 5 Subtract Step 4 amount from Step 3 amount and enter that here: \$ _____
This is the amount returned to the local council for distribution.

Step 6 List total man hours council expended on the CPID drive effort here: _____

List below the charity/charities and the amount you wish them to receive. Funds will be processed and returned to the Grand Knight's address above. Send a copy of this CPID report to your District Deputy and keep a copy for your council's record.

~~~~~Distribution to Charities as follows:~~~~~

- 1. \_\_\_\_\_ \$ \_\_\_\_\_
2. \_\_\_\_\_ \$ \_\_\_\_\_
3. \_\_\_\_\_ \$ \_\_\_\_\_
4. \_\_\_\_\_ \$ \_\_\_\_\_
5. \_\_\_\_\_ \$ \_\_\_\_\_
6. \_\_\_\_\_ \$ \_\_\_\_\_
7. \_\_\_\_\_ \$ \_\_\_\_\_
8. \_\_\_\_\_ \$ \_\_\_\_\_
Total Distribution (Must equal Step 5 above) \$ \_\_\_\_\_