

IOWA KNIGHTS OF COLUMBUS



CAMPAIGN for PEOPLE with INTELLECTUAL DISABILITIES (CPID)

COUNCIL ORDER FORM

Please complete this form and send a copy to your District Deputy
NO LATER THAN MARCH 1st.

District No. _____ Council No. _____ Location of Council: _____

Grand Knight's Name: _____

Address: _____ City: _____

Number of cases of Tootsie Rolls required _____ (Cost per case @ \$19.50 per case)

For free shipping, minimum order is **33 cases**. If your Council orders 33 cases or more, please indicate where cases may be shipped. This must be a business address open between 8:00 AM and 5:00 PM. If the total for your Council is less than 33 cases, check with neighboring Councils to see if you may have your cases delivered to their shipping site. If you have your cases delivered to another Council, this form still needs to be filled out and returned to your District Deputy.

Anticipated dates of Council's CPID: _____

Ship to: _____

Address: _____

City: _____ State: _____ Zip: _____

NOTE: Be certain your Council receives the proper number of cases ordered when they are delivered.

If your Council does not plan to order Tootsie Rolls, please indicate how your Council plans to conduct your drive.

START PLANNING YOUR CPID ASAP!

Copy – District Deputy

Copy – Council Record