



IOWA KNIGHTS OF COLUMBUS
KNIGHTS FOR LIFE PROGRAM
COUNCIL REPORT FORM



GRAND KNIGHT IS RESPONSIBLE FOR ALL FUNDS AND FILING REPORT

Date of report filing: _____

Council #: _____ Council's District #: _____ Council City: _____

Grand Knight: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Send TOTAL amount collected (Step 1 below) by check payable to: "Iowa Knights of Columbus KFL Fund" along with a copy of this report to: Iowa Knights of Columbus, 15102 Brookview Dr., Urbandale, IA 50323

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

Step 2 No. of cases of Tootsie Pops your council ordered _____ X \$95.00 = \$ _____
Note: If no Tootsie Pops 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 Ultrasound Initiative & other statewide 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 KFL 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 KFL Council Report to your District Deputy and keep a copy for your council's record.

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

- 1. Additional Donation to the Statewide Culture of Life Ultrasound Initiative \$ \_\_\_\_\_
2. \_\_\_\_\_ \$ \_\_\_\_\_
3. \_\_\_\_\_ \$ \_\_\_\_\_
4. \_\_\_\_\_ \$ \_\_\_\_\_
5. \_\_\_\_\_ \$ \_\_\_\_\_
6. \_\_\_\_\_ \$ \_\_\_\_\_
7. \_\_\_\_\_ \$ \_\_\_\_\_
8. \_\_\_\_\_ \$ \_\_\_\_\_

Total Distribution (Must equal Step 5 above) \$ \_\_\_\_\_