

IOWA KNIGHTS OF COLUMBUS

IA45



KNIGHTS FOR LIFE PROGRAM



COUNCIL ORDER FORM

Please complete this form and send a copy to your District Deputy
NO LATER THAN FEBRUARY 15th

District # _____ Council # _____ Location of Council: _____

Grand Knight's Name: _____

Address: _____ City: _____

Number of cases of Tootsie Pops required _____ (Cost @ \$95.00/case)

PLEASE NOTE: Case includes 1,000 individually wrapped Tootsie Pops (10 boxes of 100/box).

For free shipping, the minimum order is 8 cases. If your Council orders 5 cases, or more, please indicate where cases may be shipped. This location must be a business address, open between 8:00 AM and 5:00 PM, and someone must be present to accept the shipment. If the total for your Council is less than 5 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. Please indicate where cases may be shipped.

Anticipated dates of Council's KFL Campaign: _____

Ship to: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

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

START PLANNING YOUR CAMPAIGN ASAP!

Copy – District Deputy

Copy – Council Record