



# Colorado State Council Knights of Columbus Mentally Handicapped Program

State use only

<b>DATE POSTMARKED:</b>	<b>COUNCIL NUMBER:</b>
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**Report submitted by:**

\_\_\_\_\_

Grand Knight	Council	Number
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**Return check(s) to:**

\_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

City

**Council purchased \_\_\_\_\_ cases of Tootsie Roils.**

**Amount collected** ..... (A) \$ \_\_\_\_\_

**Cost of candy** ..... (B) \$ \_\_\_\_\_

**Other expenses** ..... (C) \$ \_\_\_\_\_

**Total expenses (Total of lines B+C)** ..... (D) \$ \_\_\_\_\_

**Net after expenses (Line A-D)** ..... (E) \$ \_\_\_\_\_

**Local council (70% of line E)** ..... (F) \$ \_\_\_\_\_

**State council (30% of line E)** ..... (G) \$ \_\_\_\_\_

**RECIPIENT OF LOCAL COUNCIL FUNDS (70%)**

Recipient(s):	Amount	Voucher No. (State use only)
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____
4. _____	\$ _____	_____
5. _____	\$ _____	_____
6. _____	\$ _____	_____

**Make check payable to COLORADO STATE KNIGHTS OF COLUMBUS CHARITIES FUND and mail to: Secretary of the Colorado State Knights of Columbus Charities Corporation.**

- Original: Secretary, Colorado State K of C Charities
- Copy 1: Mentally Handicapped Program Chairman
- Copy 2: State Deputy
- Copy 3: Retain for Council Records

**Claude A. Trujillo Jr.**  
**Secretary, Colorado State K of C Charities**  
**505 Columbia Avenue**  
**Del Norte, Colorado 81132-2201**

**(719) – 657-3132**