



Knights of Columbus

KENTUCKY ASSOCIATION FOR THE MENTALLY DISABLED, INC.
P.O. Box 206067, LOUISVILLE, KY 40250-6067

COUNCIL FUND DRIVE REPORT FORM

COUNCIL NAME _____ NUMBER _____

1. AMOUNT OF FUNDS COLLECTED \$ _____
2. EXPENSES (STAMPS, POSTERS, ETC.) \$ _____
3. SUBTRACT LINE 2 FROM LINE 1 \$ _____
4. **SEND ASSOCIATION TREASURER AMOUNT ON LINE 3** \$ _____
5. COST OF TOOTSIE ROLLS (\$20 X NUMBER OF BOXES) \$ _____
6. NET PROCEEDS (SUBTRACT LINE 5 FROM LINE 4) \$ _____

DIVISION OF FUNDS

7. TOTAL FROM LINE 6 \$ _____
8. ASSOCIATION'S SHARE (15% OF LINE 7) \$ _____
9. COUNCIL'S SHARE (SUBTRACT LINE 8 FROM LINE 7) \$ _____
10. COST OF APRONS (NUMBER X \$12) \$ _____
11. COST OF HATS (NUMBER X \$3) \$ _____
12. COUNCIL'S DUES (\$5) \$ _____
13. ADD LINES 10, 11 AND 12 \$ _____
14. AMOUNT FOR COUNCIL DISTRIBUTION
(SUBTRACT LINE 13 FROM LINE 9) \$ _____

Due By: January 1, 2018

SEND CHECK FOR TOTAL FROM LINE 4 TO:

James E. Fink, PSD, 3060 Nadina Drive, Louisville, KY 40220-1755