



# Knights of Columbus

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

## REQUEST FOR DISTRIBUTION - COUNCIL'S FUND ACCOUNT

COUNCIL NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

DATE \_\_\_\_\_

TO: **ASSOCIATION PRESIDENT**  
 Our Council's Balance is\*\*\*\* \$ \_\_\_\_\_

Please authorize the following distribution from our Account:

(Date checks are required) \_\_\_\_\_

**A CERTIFICATION AND AGREEMENT FORM FOR EACH ORGANIZATION MUST  
 ACCOMPANY THE REQUEST FOR DISTRIBUTION**

CATEGORIES:    A: Recreation & Athletics    B: Social & Behavioral    C: Audio-Visual Equipment  
 D: Arts & Crafts    E: Educational Trips

	<u>TO</u>	<u>AMOUNT</u>	<u>CATEGORY</u>
1.	_____	\$ _____	_____
	_____		
	_____		
2.	_____	\$ _____	_____
	_____		
	_____		
3.	_____	\$ _____	_____
	_____		
	_____		
4.	<u>STATE CAMPING PROGRAM</u>	\$ _____	
	TOTAL DISTRIBUTION REQUESTED	\$ _____	
	NEW BALANCE (Opening balance less distribution)	\$ _____	

Please Mail checks to: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

GRAND KNIGHT (Signature) \_\_\_\_\_

**\*\*\*\*\*CONSULT ASSOCIATION'S TREASURER IF COUNCIL'S BALANCE UNKNOWN\*\*\*\*\***

COPY: Council Files

**Mail Request To: William Glenn, 3006 Allen Street, Owensboro, KY 42303**