



Knights of Columbus

KENTUCKY ASSOCIATION FOR PERSONS
WITH INTELLECTUAL DISABILITIES, 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 (20% 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,

Submitted Report Date

MAKE CHECK PAYABLE TO: *KAPID* SEND CHECK FOR TOTAL FROM LINE 4 TO:

Charles Baumbusch, PGK, 3301 Lanfair Ct, Louisville, KY 40241-2715