



MASSACHUSETTS STATE COUNCIL KNIGHTS OF COLUMBUS

Report of Charity Fund Campaign for 200_____

To: State Charity Fund Chairman

From: _____
Grand Knight _____ Date _____

_____ Council Name and Number

Gross Revenues from Drive \$ _____

Expenses:

Candy Cost _____ cases @ \$17.25 per case \$ _____

Aprons _____ @ \$10.00 per apron \$ _____

Promotional Expense \$ _____

Other Expenses: (explain)

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Expenses \$ _____

Net Balance (to be remitted to State Council) \$ _____

Signed: _____
Grand Knight

_____ Council Chairman

Total Number of People used on drive _____

Total Man-Hours used on drive _____

This report will be made out in duplicate, original to accompany check (**made payable to Mass. State Council Charity Fund**) and forwarded to the State Council; second copy to be retained for council files.

Mail to: Mass. State Council Knights of Columbus
470 Washington Street, P. O. Box 194
Norwood, MA 02062

This report is due at the State Council on or **before November 1st.**