

Knights of Columbus
Foundation of Mississippi, Inc
“**Campaign for People with Intellectual Disabilities (CPID)**”
Tax ID: 64-0679570

From: Council: _____

Date: _____

Council Contact Person: _____ Phone: _____

Contact email address: _____

Address: _____

City: _____ Zip: _____

Cases of Tootsie Rolls Purchased: _____

Cases Sold: _____

1. Total revenue received (before deductions) \$ _____

2. Cost of Tootsie Rolls (or alternative used) \$ _____

3. Promotional Expenses \$ _____

4. Miscellaneous Expenses \$ _____

5. Total Cost (add lines 2, 3, and 4) \$ _____

6. Net proceeds (deduct line 5 from line 1) \$ _____

7. **Council/Assembly Check Number:** _____

This is IMPORTANT.

Make check payable to the **Knights of Columbus Foundation of Mississippi, Inc.**

Mail Check and this form to: Robert C Munroe Jr, 707 Castlewoods Blvd, Brandon, Ms 39047

75% of the net proceeds will be deposited in the Foundation's Account for your Council. Funds may be drawn from this account for Council supported CPID projects by filling a disbursement request form. *Remember, funds can only be disbursed to CPID programs that have a tax exempt status.*

Requests for Council disbursement funds may be filed as soon as net proceeds have been turned in. These funds should be disbursed soon after the fund raising drive.

Signed: _____, Grand Knight

Signed: _____, Council PID Chairman/Treasurer

Retain Copy for Your Council Files!

Direct questions to: Jim McCraw, Executive Director jmccraw1148@comcast.net or 601-624-3036
Foundation Use Only:

Received: _____ Deposited: _____ Disbursement Request Received _____ Check(s) Issued: _____

Revised: 9/12/23

DONATION FORM