

## Knights of Columbus



ALL OF	RDERS MUST BE RECE				MONEY WITH THIS	ORDER
		CC	ONTACT INFORMA	ATION		
Contac	t Person:					
Conta	act Email:			Contact Phone:		
Date of Drive:						
Date of Differ	SHIP TO ADDRESS -				ime phone number	
		RESIDENTIAL	ADDRESS WILL	NOT BE SHIPPED		
Name:						
Street:						
City/State/Zip Co						
Phone:						
Phone.		BILL TO AD	DRESS - This MUS	T be a COUNCIL		
Council #:						
Street:		v				
City/State/Zip Co	de:		RDER INFORMA	TON		
→Orders of <b>18 - 32</b> ca →Orders of <b>17 cases</b>	or more will be shipped wases will be subject to free and under will not be apped at the same time. Ear	eight up-charge accepted or si	e of 5% of the total on the total of the tot	ined with other Coun	cils for a total of 18 cas	es or more to the sam
Item	Description		Quantity	Cost	Total Cost	
914	K OF C TOOTSIE RO	LL 300 CT		\$19.50		
9690 Item <b>9690</b> - Indicate	K OF C TR BANK/HA the number of K/C Caps every 16 cases of ca	and Collecting			case, one case with	
-	every 10 cases or ca			ea ii icie biarik.	T	
		Totals				
Financial S	oice amount within 30 day	s after the com		unless I request and a		ime by you in writing
Email:	Email: COMBINED COUNCIL I			Phone:		
Council #:						
Council #:		Qty:				
Council #:		Qty:				
Council #:		Qty:	N DICTORDUS	N. LICT		
	1		RM DISTRIBUTIO	ON LIST		
Three Copies Required  1.) Retain copy for you	ur COUNCIL FILES	FOR				
Three Copies Required  1.) Retain copy for you  2.) Mail <b>or</b> email copy		FOR			en@gmail.com	