NOTE: USE A SEPARATE FORM FOR EACH SUPPORTED PROGRAM. PRINT ADDITIONAL FORMS AS NEEDED.

Missouri Knights of Columbus
Columbian Charities of Missouri, Inc.
Persons with Developmental Disabilities
Disbursement Request Form

1. Council # _____ requests to contribute $_____ to the following program:

a) ☐ Special Olympics Missouri (SOMO) – Council gets credit, but the donation is included in a Columbian Charities check. (Skip to line 7)
Note: If Council has a pre-existing relationship with a local SOMO agency or team, please list the name here: _____. SOMO will coordinate check presentation with the Council.

b) ☐ Knights of Columbus Developmental Center, SSM Cardinal Glennon Children's Hospital. Council gets credit but the donation is included in a Columbian Charities check. (Skip to line 7)

c) ☐ Other Program
Name of Program _____
Address _____
City _____ , MO Zip _____
Telephone # _____ Web Address _____

d) Donation must be to a not-for-profit or non-profit organization that supports people with developmental disabilities.
☐ IRS 501(c)(3) or Missouri Non-Profit Letter Attached (Continue to line d.2.)
☐ IRS 501(c)(3) letter on file at Columbian Charities. No letter needed. (Skip to Line 6)

2. Ownership:
a) ☐ Public ☐ Private ☐ Other _____
b) ☐ Church ☐ Governmental (Skip to Line 6)

3. Is the program restricted to any group? (e.g., Religious, Economic, Race, etc.) If so, please list: _____
_____

4. Are fees charged for this program? ☐ Yes ☐ No
If so, how much are they and how are they determined?
_____
_____

5. Explain how the funds requested will be used: _____
_____
_____

6. Name and address of Council officer to send disbursement check:
☐ Grand Knight ☐ Financial Secretary ☐ Treasurer ☐ Other
Name _____
Address _____
City _____ , MO Zip _____

7. Signatures
a) _____
(Grand Knight) (Date)
b) _____
(Developmental Disabilities Drive Chairman) (Date)

Mail to Jerry Herbert, Columbian Charities Treasurer, 7218 Picasso Dr., O'Fallon 63368

For Columbian Charities Treasurer's Use Only:
Approved: _____ Check №: _____ Date: _____ Paid: _____