

KNIGHTS OF COLUMBUS NEVADA STATE COUNCIL

DRIVE TO SUPPORT THE MENTALLY CHALLENGED Council Plan of Action

June	<p>Announce the Tootsie Roll drive Get Council concurrence Designate a Chairman</p>
July	<p>Identify locations and get permissions (preferably written) to do the drive. Announce the locations. Ask for volunteers or appoint location captains. Prepare sign-up sheets for each location. Get Council concurrence to buy vests (if you need them). Order form is on the State website.</p>
August	<p>Start filling in sign-up sheets (be sure to get phone numbers). Start publicizing the event. Identify your charities.</p>
September	<p>Submit Tootsie Roll orders to the State Chairman. (Before September 14th) Continue with publicity. Continue filling in sign-up sheets.</p>
October	<p>Pick up Tootsie Rolls (when contacted to do so). Captains call all participants to remind them of their assignments. Conduct the drive. Prepare and transmit reports to State Chairman.</p>
November	<p>All reports due to State Chairman by November 15th.</p>



KNIGHTS OF COLUMBUS
NEVADA STATE COUNCIL

2013 Mentally Challenged Program

ORDER FORM

THIS ORDER FORM MUST BE RETURNED BY NOON – FRIDAY, SEPTEMBER 20, 2013

COUNCIL NAME _____ COUNCIL NO. _____

ADDRESS _____

CITY, STATE _____ ZIP _____

COUNCIL ORDER

TOOTSIE ROLLS \$19.50 per case (6 box's of 50 ea.) # of cases _____

CANISTERS N/C # of canisters _____

CAPS N/C # of caps _____

Order will be picked up at: North distribution point South distribution point

Grand Knight

Council M/C Chairman

Phone

Phone

Email

Email

RETURN THIS FORM BY EMAIL ATTACHMENT OR MAIL TO:

Thomas Rura
Campaign for People with Intellectual Disabilities/
Mentally Challenged Program (Tootsie Roll Drive)
5819 Gushing Spring Ave
Las Vegas, NV 89131-2187
Tel: (702) 469 – 4430
Email: kofctootsierolldrivechairman@cox.net



Developmental Services Center

1304 West Bradley Avenue
Champaign, Illinois 61821-2035
Phone 217-398-7722
Fax 217-398-0455

Fund Raising Apron ORDER FORM

1 Fill out ordering information.

Council Name & No. _____ Daytime Phone _____
 Address _____ () - _____
 PLEASE PRINT City _____ State _____ Zip _____

2 Include shipping information.

Date ordered _____ Date required _____
 (Shipping address only) Ship to _____ Allow 3 to 4 weeks for delivery
 (No P.O. Address _____
 Box) City _____ State _____ Zip _____

3 Select a standard message to be printed on the aprons.

- HELP MENTALLY HANDICAPPED CITIZENS AYUDE A PERSONAS IMPEDIDAS MENTALMENTE
 HELP HANDICAPPED CITIZENS **OR** AYUDE A LOS IMPEDIDOS
 HELPING PEOPLE WITH INTELLECTUAL DISABILITIES

4 Or choose to customize the aprons with your own message.

Special order aprons (printed with your own message) require an additional set-up charge of **\$40.00** per order, with a minimum order of **50** aprons. Allow **6 to 8** weeks for special order production.

Print your message here _____
Call for availability of other choices that are in stock.

5 Decide on quantity and calculate cost.

Number Ordered	Cost per Apron	Order Subtotal
<input type="text"/>	<input type="text" value="\$7.25"/>	<input type="text"/>
+ Handling Charge		<input type="text" value="\$9.00"/>
+ \$40 Set-up (special order only)		<input type="text"/>
ORDER TOTAL		<input type="text"/>

Please send your order form along with a check made payable to **Developmental Services Center**.
(No Credit Cards Accepted)

Please fill out the bottom of this form and detach to retain for your file.

Authorizing Signature



Keep this lower portion for your records.

Fund Raising Aprons
were ordered from



**Developmental
Services Center**

1304 West Bradley Avenue
Champaign, Illinois 61821-2035

Phone 217-398-7722
Fax 217-398-0455

Date Ordered _____

Quantity Ordered _____

Check Number _____

Check Amount _____

- HELP MENTALLY HANDICAPPED CITIZENS
- AYUDE A PERSONAS IMPEDIDAS MENTALMENTE
- HELP HANDICAPPED CITIZENS
- AYUDE A LOS IMPEDIDOS
- HELPING PEOPLE WITH INTELLECTUAL DISABILITIES
- _____



KNIGHTS OF COLUMBUS
NEVADA STATE COUNCIL

2013 Mentally Challenged Program

COUNCIL REPORT FORM

The State By-Laws require you to complete this form within fifteen days of completion of you drive. Please fill in the required information. Mail you check in the amount of Gross Revenue (a) to State Chairman Thomas Rura (see address below). Make your check payable to “**KofC Nevada State Council**”. You will receive back checks made our to the charities you designate on the council charity form. You are responsible for distribution of those checks.

THIS FORM AND THE COUNCIL’S CHECK ARE DUE FRIDAY, NOVEMBER 15, 2013.

Gross revenue All money collected	(a) \$
Cost of Tootsie Rolls (_____ Cases @ \$19.50 per case)	(b) \$
Net Revenue (a) minus (b)	(c) \$
State Council Share (20% of Net Revenue) Divide Net Revenue by 5	(d) \$
Funds Available for Charity Subtract (d) from (c)	(e) \$

Grand Knight

Council #

Phone

Date

Financial Secretary

Council #

Phone

Date

** Remember that 20% of your man-hours expended on the Tootsie Roll Drive can be added to the hours you report as in support of Special Olympics (Form 4584) **

RETURN THIS FORM BY EMAIL ATTACHMENT OR MAIL TO:

Thomas Rura
Campaign for People with Intellectual Disabilities/
Mentally Challenged Program (Tootsie Roll Drive)
5819 Gushing Spring Ave
Las Vegas, NV 89131-2187
Tel: (702) 469 – 4430
Email: kofctootsierolldrivechairman@cox.net



KNIGHTS OF COLUMBUS
NEVADA STATE COUNCIL

2013 Mentally Challenged Program

COUNCIL CHARITY FORM

To Nevada State Council:

Enclosed with this form is our Council report for donations raised during the 2012 drive to Support the Mentally Challenged of Nevada. Also enclosed is a check for total donations. We understand that checks for the selected charities will be forwarded by the Nevada State Council to the address written in below for presentation by the Grand Knight to each selected charity after all checks and reports are received by the State M/C Chairman.

THIS ORDER FORM MUST BE RETURNED BY NOON - FRIDAY, SEPTEMBER 20, 2013

Please issue checks made payable to the following charities:

CHARITY NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
AMOUNT OF CHECK _____

CHARITY NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
AMOUNT OF CHECK _____

CHARITY NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
AMOUNT OF CHECK _____

CHARITY NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
AMOUNT OF CHECK _____

Grand Knight

Council No.

Financial Secretary

Council Mailing Address

City, State, Zip

