



**Wisconsin State
Knights of Columbus**
In Service to One, In Service to All

#LifeSavers4Life Council Order Form

Supporting Local, State, and Supreme Life Saving Work



Due by: July 15, 2021

LIFE SAVERS FOR LIFE (L4L) PROGRAM

Patterned after the *Intellectual Disabilities Tootsie Roll Program* – L4L has three main purposes.

- 1) To Provide Councils a funding vehicle for:
 - a. Local Culture of Life initiatives
 - b. The Supreme Culture of Life Fund assessment.
- 2) Raise local awareness about the Knights of Columbus’s dedication the sanctity of life.
- 3) To educate the public through media campaigns abut post-abortion healing opportunities.

Council Name: _____ Council #: _____ Council City: _____ District #: _____

SLEEVES

DESCRIPTION

Knights of Columbus
Life Savers for Life
(L4L)

COST

\$10.00 or
less/Sleeve

#aprons ordered @ \$12.00ea, _____

SLEEVE COUNT = 20 LIFE SAVER ROLLS. FULL CASE = 15 SLEEVES = 300 ROLLS = (\$150.00).

Your order will be made available at

the State Office after 9/1/2021. Please make

arrangements with your Diocesan State

Officer In Charge for pickup and delivery



*******EMAIL this order form to your District Deputy and David Grau – L4L Coordinator by JULY 15th, 2021. “davidg1709@yahoo.com”**

AGREEMENT OF SALE: The merchandise I have ordered will be delivered to me on consignment. I agree to send within 10 days after date of drive or by 6/30/2021 the report form and all monies collected from the Drive to “Supporting a Culture of Life” to Wisconsin State Council Knight of Columbus – Culture of Life Committee, 4297 West Belting Highway, Madison, WI 53711. I am responsible for this consignment and for all loss or damage I will advise you immediately if the candy does not arrive in good condition. Delivery of order will be made arrangement with or Diocesan State Officer.

LEAVE BLANK

I have read the above agreement:

Sign your name: _____ **Title** _____

Print your name: _____ **Date:** _____

1. This qualifies as a (d) Community Program for the Complete Council Award
2. MAIL TO: DISTRICT DEPUTY AND RETAIN A COPY FOR COUNCIL FILE.
3. FORM # CLSO
4. Revision date: 5/15/2021