

PROTECTING ALL LIFE (P.A.L.) AWARD APPLICATION

Name of Award Winner: _____

Address: _____

City: _____ State: _____ Zip: _____

All Applications must include participation in five (5) Pro-Life activities in a 12 month period. List those below:

Pro-Life Activity	Date
1.	
2.	
3.	
4.	
5.	

Grand Knight Signature: _____

Council Number: _____

Submit form to:

Ed Spence

2375 Wedgewood Drive W.

Florissant, MO 63033

e-mail: life@mokofc.org