



MASSACHUSETTS STATE COUNCIL KNIGHTS OF COLUMBUS

470 Washington Street Suite #6

Norwood, MA 02062

Office Telephone: (781) 551-0628; Fax Number (781) 551-0490

REPORT OF CHARITY FUND CAMPAIGN FOR 2_____

DATE: _____

To: State Charity Fund Chairman

From: _____ Council No. _____
Grand Knight

Council Name: _____

Gross Revenues from Drive\$ _____

Expenses:

Candy Cost	_____ cases @ \$19.50 per case	\$ _____
Aprons	_____ @ \$15.00 per Apron	\$ _____
Promotional Expense		\$ _____
Other Expenses (explain)		\$ _____
		\$ _____

Total Expenses:.....\$ _____

Net Balance (To Be Remitted To State Council:.....\$ _____

Signed: _____
Grand Knight

Signed: _____
Council Chairman

Total Number of People Used on Drive:..... _____

Total Man-Hours Used on Drive: _____

This report will be made out in duplicate, original to accompany check (made payable to Mass. State Charity Council Fund), and forwarded to the State Council, and the second copy to be maintained for Council records.

Mail to: Massachusetts State Council Knights of Columbus
470 Washington Street, Suite #6
Norwood, MA 02062

This report is due at the State Council on or before November 1st

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CF2 Form
07/17