

Knights of Columbus



ALL OR	RDERS MUST BE RECEIVE	D 30 DAYS PRIOR TO	SHIPMENT - SEND NO	MONEY WITH THIS	ORDER	- :
		CONTACT IN	FORMATION			
Contact	t Person:			<u> </u>		
Conta	ict Email:		Contact Phone	:	1	
Date of Drive:						
Date of Drive.	SHIP TO ADDRESS - Th	is MUST be a BUSINE	SS ADDRESS with a day	time phone number		
	RES	SIDENTIAL ADDRESS	WILL NOT BE SHIPPED	A1		
Name:_						
Street:						
City/State/Zip Cod	de:					
Phone:						
PROTEIN	s o de la companya del companya de la companya del companya de la	ILL TO ADDRESS - Thi	s MUST be a COUNCIL	en i de la companya d	25 a 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
Council #:		17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Fort Town	tion in	
1 2.11						
Council Name: _		<u> </u>				
Street:	1					_
City/State/Zip Cod	de:	ORDER INF		e var		
shipping location, shipping Item	ped at the same time. Each Description	Council order must be 5 Quanti		Total Cost		
914	K OF C TOOTSIE ROLL	300 CT	\$19.50			
9690	K OF C TR BANK/HAT :	12 PAK				
Item 9690 - Indicate	e the number of K/C Caps at	nd Colleting Canisters ne y ordered. NONE will b		case, one case with		
	every 10 cases or carro		е эпрреи и тен рытк.	1.		
		Totals				
		AGREEMEN			The state of the s	
I agree to pay the invo	ice amount within 30 days a	fter the completion of the	e drive unless I request and	am granted additional	time by you in writi	ng.
Financial S	ecretary:					
Email:			Phone			
		COMBINED COUNC	CIL INFORMATION			
Council #:		Qty:				1
Council #:		Qty:				
Council #:		Qty:				
Council #:		Qty:				
council #.		FORM DISTRI	BUTION LIST			
Three Copies Required						- 1
1.) Retain copy for you	UP COUNCIL ETLES					
2 \ Mail on annuil control		DO Boy 633 Oak Laure	TI GOVEN or sondimen	oon@amail.com		-
 Mail or email copy Mail copy to : Region 	to Tootsie Roll K/C Program,	, PO Box 633, Oak Lawn,	IL 60454 - or - aandkmaur	een@gmail.com		