

TOOTSIE ROLL INDUSTRIES, INC.
P.O. BOX 633
OAK LAWN, ILLINOIS 60454

TO: ALL KNIGHTS OF COLUMBUS JURISDICTION

Please indicate on the enclosed information sheet, the number of candy forms that you will need for your 2019 program. Also, indicate the number of apron forms you will need and we will forward this information to the Developmental Services Work Center that prints them.

The price of the individual Tootsie Roll candy bars to the Knights of Columbus will remain the same as last year at \$19.50 per case. The case size will stay at 300 bars per case. Again for your convenience, each case will include 6 inner packs of 50 bars each. The inner packs will be over wrapped in shrink tight poly film. This will enable the councils to give the workers 50 bars at a time, if desired. **The print on the wrapper will read “HELPING PEOPLE WITH INTELLECTUAL DISABILITIES.”** A case of 12 specially printed Knights of Columbus canisters and hats will be shipped at no charge with every 16 cases of candy, if indicated on the order form.

There will be NO shipping charge on orders of 33 cases or more that must be shipped to a business address. Orders between 18-32 cases will be subject to a freight cost of 5% of the total cost of the order. **Orders under 18 cases will not be accepted.** **All councils with small quantities (minimum order 5 cases) must be combined with their individual orders and attached together when mailed, to make up the required minimum shipment of 18 cases. The combined orders will be shipped to one location. However, each council will receive their own invoice payment.**

Some councils are in areas that are not well populated and as a result, truck lines do not deliver on a scheduled basis, but rather wait until they have adequate weight of other merchandise in order to make an economical trip. Please allow additional time for orders that may fall into this category.

Again, our goal is to assure each Knights of Columbus Council prompt delivery of the best product with the specially wrapped Tootsie Roll bar. We can be greatly aided in fulfilling our goal and yours, if we can obtain the date of your drive. Please email us at aandkmaureen@gmail.com if you have any questions. We look forward to working with you again and pledge ourselves to produce and deliver a product that will be a credit to your organization and to the work you are accomplishing by helping people with “**Intellectual Disabilities.**”

Sincerely,

Tootsie Roll Industries



TOOTSIE - GRAM

RETURN TO:
TOOTSIE ROLL INDUSTRIES, INC.
BOX 633
OAK LAWN, ILLINOIS 60454

Or

Email: aandkmaureen@gmail.com

WE PLAN TO CONDUCT OUR DRIVE ON _____

APPROXIMATE NUMBER OF CASES YOU WILL NEED _____

NUMBER OF CANDY ORDER FORMS NEEDED _____
(COPY ATTACHED)

PLEASE LIST WHERE ALL FORMS AND INFORMATION SHOULD BE SENT TO:

NAME _____

TITLE _____

ADDRESS _____

CITY _____

STATE _____ ZIP CODE _____

PHONE (_____) _____

EMAIL ADDRESS _____

PLEASE MAIL OR EMAIL RESPONSES AT YOUR EARLIEST CONVENIENCE.

SINCERELY,

TOOTSIE ROLL IND.





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 _____
 Address _____
 (No P.O. Box) City _____ State _____ Zip _____
 Allow 3 to 4 weeks for delivery

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

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

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"/>	\times \$7.25	= <input type="text"/>
+ Handling Charge		\$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

FOR OFFICE USE ONLY	ACCOUNT NUMBER	SHIP DATE



Knights of Columbus

TOOTSIE ROLL ORDER FORM



CASES ORDERED	ITEM NO	KNIGHTS OF COLUMBUS TOOTSIE ROLLS 300 COUNT PER CASE	COST	TOTAL COST
	914		\$19.50 Case	

ORDERS WITH 33 CASES OR MORE WILL BE SHIPPED WITH NO FREIGHT CHARGES.

ORDERS PLACED FOR 18-32 CASES WILL BE SUBJECT TO A FREIGHT CHARGE OF 5% OF THE TOTAL ORDER.

ORDERS OF 17 CASES AND UNDER WILL NOT BE ACCEPTED OR SHIPPED UNLESS COMBINED WITH OTHER COUNCILS FOR A TOTAL OF 18 CASES OR MORE TO THE SAME SHIPPING LOCATION. EACH COUNCIL MUST BE 5 CASES OR MORE.

CASES ORDERED	ITEM NO
	9690

INDICATE THE NUMBER OF K/C CAPS AND COLLECTING CANISTERS NEEDED. THERE ARE 12 TO A CASE, ONE CASE WITH EVERY 16 CASES OF CANDY ORDERED.

NONE WILL BE SHIPPED IF LEFT BLANK.

This MUST be a business address with a daytime phone number.

RESIDENTIAL ADDRESS WILL NOT BE SHIPPED.

MUST BE A COUNCIL

SHIP TO:

Address _____

City _____

State _____ Zip _____

Phone _____

BILL TO:

Council Name _____

No. _____

Address _____

City _____

State _____ Zip _____

AGREEMENT OF SALES

I agree to pay the invoice amount within 30 days after completion of drive unless I request and am granted additional time by you in writing.

I must inform you in advance before a return can be made and then only unopened cases totaling not more than 10% of the total order.

I shall prepay freight on all returned candy. No candy may be returned after 60 days from the date of invoice.

Print Name _____	Financial Secretary _____	Phone # _____	Email _____
Print Name _____	Chairman _____	Phone # _____	Date of Drive _____
Council No. _____	No. of Cases _____	Council No. _____	No. of Cases _____
Council No. _____	No. of Cases _____	Council No. _____	No. of Cases _____

SEND NO MONEY WITH ORDER

Send WHITE copy to: TOOTSIE ROLL K/C PROGRAM
P.O. Box 633, Oak Lawn, IL 60454

Send YELLOW copy to: REGIONAL CO-ORDINATOR

Retain PINK copy for COUNCIL FILES

Email Questions to: aandkmaureen@gmail.com

KC-001

**ALL ORDERS MUST BE RECEIVED
30 DAYS PRIOR TO SHIPMENT**