

IN-COL2



Knights of Columbus DUE BY: June 15

INDIANA STATE COUNCIL CULTURE OF LIFE CHECK REQUEST FORM

Council Number: _____ Date: _____

Council Name: _____

Council Location: _____

Grand Knight: _____

Culture of Life Chair-Couple: _____

If the Council conducted a Culture of Life activity to raise this money, please describe the event below.

Line A: Total Amount of Council Check Forwarded to Indiana State Council \$ _____

Line B: Minimum 10% Donation to the Indiana State Council Culture of Life Fund \$ _____
(Donations allow the Indiana State Council to fund State-wide COL projects as needed throughout the year.)

Line C: Donation to the Indiana State Council Ultrasound Fund \$ _____

Line D: Donation to the Indiana State Council Safe Haven Baby Boxes Fund \$ _____

Line E: Remaining Amount to be donated to agencies other than the Indiana State Council
COL Funds above (Subtract Lines B, C, & D from Line A) \$ _____

Please list information and amounts for all agencies receiving distributions from the Remaining Amount on **Line E** of this form.

1. Name: _____ \$ _____

Address: _____
City: _____ State: _____ ZIP: _____

2. Name: _____ \$ _____

Address: _____
City: _____ State: _____ ZIP: _____

3. Name: _____ \$ _____

Address: _____
City: _____ State: _____ ZIP: _____

Make the full check payable to: "Indiana State Council". Checks to other agencies will be returned to the Council's Financial Secretary at the address in the current State Directory.

SUBMIT CHECK AND COPY OF THIS FORM TO: **Indiana State Treasurer**

COPIES TO: State Life Director (MUST send copy to COL Chairman for credit)
District Deputy
Council Files

7/2019

This form is available online at www.indianakofc.org/forms