

IN-WCC1



Knights of Columbus

**INDIANA STATE COUNCIL
WOMEN'S CARE CENTER ENDOWMENT**

DUE BY: ON OR BEFORE 6/15

Council Number: _____ Date: _____

Council Name: _____

Council Location: _____

Grand Knight: _____

Life Director: _____

Amount of WCC Donation \$: _____ Check#: _____

Source of Funds: _____

Make your check payable to "Indiana State Council" and indicate "WCC ENDOWMENT" on the memo line.

SEND CHECK AND THIS FORM TO: INDIANA STATE TREASURER

COPIES TO: State Program Director
District Deputy
Council Files

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