



Wisconsin State
Knights of Columbus
 In Service to One, In Service to All

Life Savers for Life Council Order Form

Supporting Local, State, and Supreme Life Saving Work

Due by: July 15

LIFE SAVERS FOR LIFE PROGRAM

This program, patterned after the Intellectual Disabilities Tootsie Roll program, serves three main purposes.

- 1) To Provide Councils with a funding vehicle for:
 - a. Their local culture of life building work and
 - b. The Supreme Culture of Life Fund assessment.
- 2) To raise local awareness about the Knights of Columbus's decade-long dedication to life.
- 3) To educate the public through a media campaign about post-abortion healing opportunities.

Council Name: _____ Council #: _____ Council City: _____ District #: _____

NO. OF

CASES ORDERED



DESCRIPTION

Knights of Columbus
Life Savers for Life

COST

\$25.00/CASE

PLEASE NOTE: CASE COUNT IS 240 GUMMY LIFE SAVERS IN 12 PACKETS/BAGS PER CASE.

Ship to: _____
 (Please use your parish business address to insure prompt, trouble free deliver)

Street: _____

City: _____

Special Instructions: _____

AGREEMENT OF SALE: The merchandise I have ordered will be shipped to me on consignment, freight prepaid by the supplier. I agree to send within 10 days after date of drive the report form and all monies collected from the Drive to "Supporting a Culture of Life" to Wisconsin State Council Knight of Columbus Respect for Life Committee, 4297 West Belting Highway, Madison, WI 53711. I am responsible for this consignment and for all loss or damage unless caused by weather conditions. I will advise you immediately if the candy does not arrive in good condition. Delivery of order received will be made in approximately six weeks from date of received order.

Leave Blank

I have read the above agreement:

Sign your name: _____ **Title** _____

Print your name: _____ **Date:** _____

Date Order Rec'd _____

Order Approved _____

Date Order Shipped: _____

1. This qualifies as a (d) Community Program for the Complete Council Award
2. MAIL TO: DISTRICT DEPUTY AND RETAIN A COPY FOR COUNCIL FILE.
3. FORM # CLSO
4. Revision date 11/13/2009