



**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

\$51.00/CASE

**PLEASE NOTE: CASE COUNT IS 300 GUMMY LIFE SAVERS IN 6 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 4/19/2011