



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

Life Savers DD Master Order Form

Supporting Local, State and Supreme Life Saving Work

Due by: August 1

FOR OFFICE USE ONLY	ACCOUNT NUMBER								SHIP DATE

District Deputy Name: _____

District #: _____

NO. OF
CASES ORDERED

DESCRIPTION

COST

TOTAL COST



PLEASE NOTE: CASE COUNT IS 300 GUMMY LIFE SAVER IN 6 PACKETS/BAGS PER CASE

Deadline: AUGUST 1

Ship to:

Name: _____

Street: _____

City: _____

State: _____ Zip: _____ Phone: _____

(Please use your parish business address to insure prompt, trouble-free delivery)

Bill to:

Wisconsin State Council
 Knights of Columbus
 Life Savers for Life
 4297 West Beltline Highway
 Madison, WI 53711
 Phone: (608) 274-5750
 Fax: (608) 274-8522
 E-mail: eripp@wikofc.com
 Web: www.wikofc.com

AGREEMENT

The merchandise I have ordered will be shipped to me freight prepaid by supplier. 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 or with the correct number of cases ordered.

Please Sign: _____ **Date:** _____

Council No. _____	Number of Cases _____
Council No. _____	Number of Cases _____
Council No. _____	Number of Cases _____
Council No. _____	Number of Cases _____
Council No. _____	Number of Cases _____
Council No. _____	Number of Cases _____

1. This qualifies as a **(d) Community Program** for the Complete Council Award
2. Mail To: Wisconsin State Council Knights of Columbus, 4297 West Beltline Highway, Madison, WI 53711
3. **FORM # DDLS**
4. Revision date 4/19/2011