



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

Life Savers for Life Program Report

"Culture of Life" Program

District: # _____

Due within 10 days of completion of the drive.

TOTAL REVENUE COLLECTED

\$ _____



COUNCIL NO

FROM: _____

Council Name: _____

City: _____ Zip: _____

Date: _____

PART I

Worthy State Treasurer:

We have participated in the "Culture of Life" Program.

Our Council ordered _____ cases. (no cases are to be returned.)

PART II

Parts I and II of the report must be completed and mailed along with your cashier's check (to Wisconsin State Council Knights of Columbus on the memo line please put Life Savers of Life) for the FULL AMOUNT OF REVENUE COLLECTED within ten (10) days after completion of the drive.

Our Council plans to donate its share of the revenue to: (Indicate name and % each is to receive.)

(Please Type or Print!)

			Amount
Culture of Life, Supreme Assessment	Number of billable members @ \$2.00	_____	_____
Remaining Disbursements should be to Council chosen Pro-Life Organizations			
1. _____	_____ %	_____	_____
2. _____	_____ %	_____	_____
3. _____	_____ %	_____	_____
4. _____	_____ %	_____	_____
5. _____	_____ %	_____	_____
6. _____	_____ %	_____	_____
7. _____	_____ %	_____	_____
8. _____	_____ %	_____	_____
9. _____	_____ %	_____	_____

Do not write in this box

Checks will be made out to the above named individuals/organizations. CHECK MUST BE CASHED WITHIN 90 DAYS OF THE DATE THE CHECK WAS ISSUED OR ELSE THE CHECK WILL BE VOIDED AND ANOTHER CHECK WILL NOT BE ISSUED!

Sign _____

Council Respect Life Chairman

Grand Knight

Telephone Number () _____

DO NOT WRITE IN SPACE BELOW

PART III

TOTAL REVENUE RECEIVED	\$ _____
Cost of Life Savers (\$51.00 cs)	\$ _____
Promotion cost & State Use Tax (2%)	\$ _____
TOTAL COST	\$ _____
Balance remaining	_____
(25%) State Councils 's Share to Respect Life Account	_____
(75%) Council's Share – pay as listed in Part II	_____

Audited by _____

1. This qualifies as a (d) Community Program for Complete Council Award
2. Mail with check made out to: Wisconsin State Council Knights of Columbus, 4297 Wes Beltline Highway, Madison, WI 53711
3. Form #CLSPR
4. Revision date 4/19/2011