

**ALABAMA Knights of Columbus**  
**FY2025 DEPOSIT VOUCHER**  
**INTELLECTUAL DISABILITIES CAMPAIGN**

**TO:**

**STATE TREASURER**

Brian Lagasse  
PO Box 462  
Huntsville, AL 35815  
brianlagasse@kofcalabama.org

**I. D. CAMPAIGN CHAIR**

Tom O'Donnell  
1698 Longleaf Drive  
Huntsville, AL 35806  
todonn8501@gmail.com

**FROM:**

COUNCIL NO. \_\_\_\_\_ DATE: \_\_\_\_\_  
G. K. \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Address \_\_\_\_\_  
City, St, Zip \_\_\_\_\_

- 1 DRIVE RECEIPTS \$ \_\_\_\_\_
2. ITEMIZED EXPENSES
- A. Candy Cost \$ \_\_\_\_\_
  - B. Promotion Expenses \$ \_\_\_\_\_
  - C. Aprons \$ \_\_\_\_\_
  - D. Other Expenses (Publicity, etc.)\$ \_\_\_\_\_
3. TOTAL EXPENSES (Add Lines 2A thru 2D) \$ \_\_\_\_\_
4. COUNCIL NET INCOME (Line 1 Minus Line 3) \$ \_\_\_\_\_
5. RETAINED FUNDS FOR LOCAL COUNCIL I.D. ORGANIZATION  
DISBURSEMENT (80% of Line 4) \$ \_\_\_\_\_
6. FUNDS FOR STATE I. D. FOUNDATION DISBURSEMENT (20% of Line 4) \$ \_\_\_\_\_
7. AMOUNT SUBMITTED TO STATE TREASURER (Line 6) \$ \_\_\_\_\_

**Make Check Payable to: "ALABAMA K of C I. D. Fund"**

Signed \_\_\_\_\_ G.K. and/or

Signed \_\_\_\_\_ Financial Secretary

**THIS FORM IS DUE TO THE STATE TREASURER (ALONG WITH A CHECK FOR YOUR 20% OF NET INCOME, LINE 7) AND I.D. PROGRAM CHAIR ON OR BEFORE DECEMBER 16, 2024.**

**Mail ORIGINAL copy with CHECK for the Net Income to the State Treasurer at the address above**

**Mail one copy to the State I. D. Campaign Chairman at the address above**

**Mail ONE copy to your District Deputy**

**Keep ONE copy for your Council Files**