

## Knights of Columbus



ALL OR	DERS MUST BE RECEIVED 30 DAY C	ONTACT INFORMA		IONET WITH THIS O	RUER
Contac	t Person:				
Contact Email:					
Date of Drive:					
Date of Diver	SHIP TO ADDRESS - This MUST b	e a BUSINESS ADD L ADDRESS WILL N		me phone number	
Street:					
City/State/Zip Co	de:				
Phone:	BILL TO AC	DRESS - This MUST	be a COUNCIL		
	, X				
over the controlled to the last taken that					
City/State/Zip Co	DO NOT SEND TO TOO	ORDER INFORMAT			
→Orders of <b>18 - 32 c</b> →Orders of <b>17 cases</b> shipping location, ship	or more will be shipped without freight ases will be subject to freight up-charg and under will not be accepted or a ped at the same time. Each Council or ped at the same time.	ge of 5% of the total o <b>shipped</b> unless combi <u>der must be 5 cases o</u>	ned with other Coun	cils for a total of 18 case	s or more to the same
Item	Description	Quantity		Total Cost	
914	K OF C TOOTSIE ROLL 300 CT		\$19.50		
9690 Item <b>9690</b> - Indicat	K OF C TR BANK/HAT 12 PAK the the number of K/C Caps and Colleting every 16 cases of candy ordered.		There are 12 to each ed if left blank.	case, one case with	
	Totals	6			
T	oice amount within 30 days after the co	AGREEMENT OF SA		am granted additional t	me by you in writing.
				am grameea aaamema	
	Financial Secretary: Phone:				· · · · · · · · · · · · · · · · · · ·
Email:	COMBI	NED COUNCIL INF			
Council #:	Qty	<b>!</b>			
		:			
Council #:		:			
Council #:					
Three Copies Require		ORM DISTRIBUTIO	DNLIST		
1.) Retain copy for yo	our COUNCIL FILES		-4		
2.) Mail <b>or</b> email copy 3.) Mail copy to: Reg	to Tootsie Roll K/C Program, PO Box 6	33, Oak Lawn, IL 604	54 - or - aandkmaure	een@gmail.com	
	uestions to: aandkmaureen@gmai	l.com - or - (708) 42	23-5193		