

ALABAMA Knights of Columbus
FY2025 DEPOSIT VOUCHER
INTELLECTUAL DISABILITIES CAMPAIGN

TO:

STATE TREASURER

Brian Lagasse
Po Box 4462
Huntsville, AL 35815
Brianlagasse@kofc-alabama.or

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