

# ALABAMA Knights of Columbus

## FY2025 DEPOSIT VOUCHER INTELLECTUALDISABILITIESCAMPAIGN

### 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, 2025.**

**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**