

# COLUMBUS CHARITIES -TOOTSIE ROLL PROGRAM

## Helping People with Disabilities

### Council Chairman Form

COUNCIL NAME: \_\_\_\_\_ COUNCIL NO. \_\_\_\_\_ District No. \_\_\_\_\_

*Worthy Grand Knight:*

*The annual fund raising to Help People with Disabilities requires your confirmation that your Council will participate in this year's drive and to provide contact information for your Council Chairman for our files.*

\_\_\_\_\_ **YES** – We will participate

**PLEASE PRINT CLEARLY!**

Council Chairman	_____
Address	_____
City	_____ Zip _____
Telephone	Area Code (____) _____
Fax	Area Code (____) _____
e-mail	_____

\_\_\_\_\_ Date

\_\_\_\_\_ Grand Knight

**Return To: Scott Charleboix**  
**207 E Westcrest Ct**  
**Colbert, WA 99005**  
**509-768-9997**  
[tootsieroll@kofc-wa.org](mailto:tootsieroll@kofc-wa.org)