

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: Tommy LaCour
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