

Knights of Columbus



ORDER FORM

ALL OF	RDERS MUST BE RECEIVED				IONEY WITH THIS	ORDER	
		CONTACT	T INFORMA	NOITA			
Contac	t Person:						
Conta	act Email:			Contact Phone:			
Date of Drive:							
	SHIP TO ADDRESS - This	MUST be a BUS DENTIAL ADDR	INESS ADI	ORESS with a dayti NOT BE SHIPPED	me phone number		
Name:							
City/State/Zip Co							
Phone:							
	BIL	L TO ADDRESS	- This MUS	T be a COUNCIL			
Council #:							
Council Name:							
Street:							
City/State/Zip Co	de:						
			INFORMAT				
	DO NOT SEND T or more will be shipped withou ases will be subject to freight of	ut freight charges.		THAN 18 CASES A	RE ORDERED		
>Orders of 17 cases	ases will be subject to freight to and under will not be accep	up-charge of 570	······································	Jiuei. Jacobuith other Coun	cile for a total of 18 car	rec or more to the same	
	ped at the same time. Each Co				CIISTOT a total or 10 cas	ASO HOTE TO THE SOME	
Item	Description		antity	Cost	Total Cost		
914	K OF C TOOTSIE ROLL 30	ю ст		\$19.50			
9690	K OF C TR BANK/HAT 12	PAK		- 12	24		
Item 9690 - Indicate the number of K/C Caps and Collecting Canisters needed. There are 12 to each case, one case with every 16 cases of candy ordered. NONE will be shipped if left blank.							
		Totals			-		
AGREEMENT OF SALES							
I agree to pay the invoice amount within 30 days after the completion of the drive unless I request and am granted additional time by you in writing.							
Financial S	ecretary:						
Email:							
		COMBINED CO	UNCIL IN	FORMATION			
Council #:		Qty:					
Council #:		Qty:					
Council #:		Qty:					
Council #:		Qty: FORM DIS	TOTRITT	ONLI IST			
Three Copies Required		FORM DIS	IKIBUTI	DIVELIST			
1.) Retain copy for you							
2.) Mail or email copy	to Tootsie Roll K/C Program, P	O Box 633, Oak La	awn, IL 604	54 - or - aandkmaure	en@gmail.com		
3.) Mail copy to: Regi	ional CO - ORDINATOR						

Email or call with questions to: aandkmaureen@gmail.com - or - (708) 423-5193