

Arkansas KC Campaign for People with Intellectual Disabilities

2010-2011 Net Profit and Charity Identification Form

To: State Secretary Michael Kieffer, 3 Valewood Cove, Jacksonville AR 72076

Copy: Director John Bodensteiner, 37 Almazan Way, Hot Springs Village AR 71909

Date: _____

From: Grand Knight _____

Council Name and Number: _____

Street Address:

City, State, Zip:

Date(s) of the Event: _____

Summary:

1. Total Funds Raised: _____.
2. Less Cost (expenses): _____ . (exclude aprons & canisters)
3. Net Profit: _____.
4. 15% of Net Profit: _____ . (State Council)
5. 85% of Net Profit: _____ . (Local Council)

Our council will distribute its 85% of net profit as follows:

1. Name of Charity: _____ . Amount: _____.
2. Name of Charity: _____ . Amount: _____.
3. Name of Charity: _____ . Amount: _____.
4. Name of Charity: _____ . Amount: _____.
5. Name of Charity: _____ . Amount: _____.

Total Local Charity Amount: _____.

Submit this form and a check for the full amount of the net profit to the State Secretary with a copy of the form to the CPID Director. Check(s) for local charities will be returned by the secretary to the council for distribution. *This form and the check must be received by the State Secretary December 10 to qualify for an award at the spring KC State Convention.*