



**Connecticut State Council Knights of Columbus
and
Columbian Charities of Connecticut, Inc.**



Campaign for People with Intellectual Disabilities

REQUEST FOR DISTRIBUTION

Council No. _____ Town _____

Membership _____ Drive Date(s) _____

Gross Receipts from Drive \$ _____ Check No. _____

MINUS Apron Cost. # of Aprons _____ \$ _____ Check Date _____

MINUS Candy Cost # of Cases _____ \$ _____

NET RECEIPTS from Drive \$ _____

MINUS 20% for State CPID Programs \$ _____

Net for Council Distribution \$ _____

Gross per Case \$ _____

.....

This council requests the following distribution from our net share:

| TO: | ADDRESS: | AMOUNT: |
|-------|----------|----------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

Please mail these checks to:

_____, Grand Knight

Name: _____

Date: _____

Instructions: Mail Original to CPID Chairman with Order Form. Retain Copy for Council Records

CPID Chairman: Frank L. Sequenzia, 333 Main St Unit 604, Danbury CT 06810-4923
Email: FLSEQUENZIA@GMAIL.COM Phone: 203-948-1369

TO:

ADDRESS:

AMOUNT:

\$ _____

\$ _____

\$ _____

\$ _____
