

Request for Distribution Form

**Columbus Charities – Tootsie Roll Program Helping
People with Disabilities**

Council #: _____ District #: _____ Date: _____

We authorize the following distributions from our account:

RECIPIENT ORGANIZATION	ADDRESS	PERCENTAGE
Columbus Charities Inc.		20%
		%
		%
		%
		%

If you do not have a preference, you may check the box below.

<input type="checkbox"/> We request that the funds being held by Columbus Charities - Tootsie Roll Program be transferred to the Special Olympics, KC Help and other like programs fund.
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Note 1: Distribution can only be made to organizations helping people with disabilities and have tax exemption status under the Internal Revenue Service Code.

Note 2: All funds not properly designated by the Council, and/or recipient or receipts for expenditures, along with a copy of documentation determining non-profit status by January 31st of the following year will automatically and irrevocably be deposited into Special Olympics, KC Help and other like programs fund.

Grand Knight information	Name:
	Address:
	City, State Zip:
	Telephone () _

Mail original form, receipts, and check to:

WSC – Tootsie Roll Program
Kim Washburn
10555 Fox Rd
Leavenworth, WA 98826

Retain a copy for your Council Records
Signatures

Grand Knight

Financial Secretary