



# 2011-2012 Maryland State Council



## Intellectually Disabled Program Council Report Form

Council #   
 District #

Council Name:   
 District Deputy:   
 District Warden:

Grand Knight   
 Address   
 City, State, Zip   
 Phone

Total Dollars Collected in This Year's Campaign:

Distribute the proceeds to the following Charities.

(All charities listed here must serve individuals with Intellectual Disabilities)

	Name of Recipient Charity	% of Proceeds	OR	\$ Donated	
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

We plan to present checks to these charities on:   
 Please mail this form and your Council check to:

John Strawbridge  
 391 Boxelder Court  
 Millersville, MD 21108

Your council check for the full amount collected and this distribution form should be submitted by December 31, 2011.

*Do not write below this line (for accounting purposes only)*

Tootsie Rolls	<input type="text"/>	TR Cost	<input type="text"/>	Total Collected	<input type="text"/>
Aprons	<input type="text"/>	Aprons Cost	<input type="text"/>	Less Expenses	<input type="text"/>
Date Check Received	<input type="text"/>	Date Check Sent	<input type="text"/>	Less State 5%	<input type="text"/>
Date Form Received	<input type="text"/>	Date Form Sent	<input type="text"/>	Total to Distribute	<input type="text"/>