



## **KNIGHTS OF COLUMBUS**

2025 ORDER FORM

ALL ORDER	RS MUST BE RECEIVED 30 DAYS PRIOR T CONTACT IN	O SHIPMENT- FORMATION	SEND NO MONEY WI	TH THIS ORDER
Contact Person				
Contact Email:Contact Phone:				
Date of Drive:				
SHII	P TO ADDRESS: This MUST be a BUSINESS ADDRESS WILL NOT BE		daytime phone number	er RESIDENTIAL
NAME:				
CITY/STATE/ZIPCODE	:			
DUONE.				
Academic of the Academic of the Control	BILL TO ADDRESS - Th	is MUST be a C	OUNCIL	
COUNCIL #				
COUNCIL NAME				
STREET ADDRESS				
CITY/STATE/ZIPCODE				
		ORMATION		
200	DO NOT SEND TO TOOTSIE ROLL IF			
	33 cases of item 912 or more will be shipped wit			
	L8-32 cases will be subject to freight-upcharge o			t-t-l -f 10
1000000011000110001000010000100001000000	L7 cases and under will not be accepted or shipp		ned with other Councils for	r a total of 18 cases or
	e same shipping location, shipped at the same t cil order must be 5 cases or more.	ime,		
ITEM	Description	Quantity	Cost	Total Cost
912	K OF C TR BAR 6CT/29.71OZ	Quantity	\$19.50/case	Total cost
312	Bar has updated wrapper and shape.	1	\$15.50/ case	
	Bars now come in 6 bags of bars per case.			
9690	K OF C TR BANK HAT 12 PK			
Item 9690 - Indicate t	the number of K/C Caps and Collection Cani	sters needed. Th	nere are 12 to each case	e, one with every 16
	cases of candy ordered. N			■ 10 SALFORD BACKS & LEGISLATED SHOWN IN THE SHOWN IN
	TOTAL	-		
	AGREEMEN	IT OF SALES		
I agree to pay the invoice	amount within 30 days after the completion of the	drive unless reques	t and am granted additional	time by you in writing.
Financial S	ecretary:			
Ema	il:		Phone	
	COMBINED COUN	CIL INFORMATI	ON	
COUNCIL #	Qty:	_		
COUNCIL #	Qty:			
COUNCIL #	Qty:	_		
COUNCIL #	Qty:			
Three Caries Description		IBUTION LIST	709 422 5102	
ALIV	Email or call with questions to: aandkmaureen	@gmail.com - or	- /08-423-5193.	
1. Retain copy for your				
	o Tootsie Roll K/C Program, PO Box 633, Oak Lav	vn, IL 60454 or	aanakmaureen@gmail.co	om
3. Mail copy to: Region	ai CORDINATOR			