



2008-2009 Maryland State Council

Mentally Handicapped Program  
Council Report Form



Council #	<input type="text"/>	Council Name:	<input type="text"/>
District #	<input type="text"/>	District Deputy:	<input type="text"/>
		District Warden:	<input type="text"/>

Grand Knight	<input type="text"/>
Address	<input type="text"/>
City, State Zip	<input type="text"/>
Phone	<input type="text"/>

Total Dollars Collected in This Year's Campaign:

Distribute the proceeds to the following Charities.  
(All charities listed here must serve individuals with Mental Retardation)

	Name of Recipient Charity	% of Proceeds	OR	\$ Donated	
1			OR		
2			OR		
3			OR		
4			OR		
5			OR		

We plan to present checks to these charities on:

Please mail this form and your Council check to:

John Strawbridge	or	Walter F. Wankowski
391 Boxelder Court		5211 McFaul Road
Millersville, MD 21108		Baltimore, MD 21206

Your council check for the full amount collected and this distribution form should be sent to one of the co-chairmen by December 31, 2008.

*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 Rec'd	<input type="text"/>	Date Check Sent	<input type="text"/>	Less State 5%	<input type="text"/>
Date Form Rec'd	<input type="text"/>	Date Form Sent	<input type="text"/>	Total to Distribute	<input type="text"/>