

Maryland State Council Helping Persons with Intellectual Disabilities 2018 - 2019 Council Program Report



Council #		Council Name:				
District #		District Deputy:				
•		District Warden:				
Grand Knig	jht					
Address						
City, State,	Zip					
Phone						
Total Dollar	rs Collecte	d in This Year's Campaign:				
	•	eds to the following Charities. must serve individuals with Inf	tellectual D	<u> </u>		
	Name of F	Recipient Charity		% of Proceeds	OR	\$ Donated
1					OR	
2					OR	
3					OR	
4					OR	
5					OR	
Weı	plan to pres	sent letters to these charities or	n:			
Please mail	this form ar	nd your Council check (made p Mark Mangus 12680 Clarksville P Clarksville, Marylan	ike	Maryland State	Counci	I) to:
Your Counc	il check for	the full amount collected and t	his distribu	ition form should	d be se	nt to the
		Do not write below this line	(for accour	nting purposes o	nly)	
Tootsie Rolls		TR Cost		Total Coll	ected	
Aprons		Apron Cost		Less Expe	enses	
Date Check Received		Date Check Sent		Less MS	C 5%	
Date Form Received		Date Form Sent		Total to Dis	tribute	