# Ohio State Council
# Knights of Columbus

***"Following in Their Footsteps"***

**Larry Moegling**
***State Deputy***

## MEASURE UP 2009 CAMPAIGN - REPORT AND GRANT FORM

Please complete and mail to the State Warden with your Council Measure Up check. The full amount collected is to be forwarded by **May 31, 2009**. Make the council check payable to: **OHIO STATE COUNCIL, KNIGHTS OF COLUMBUS**; mail to: Bob Collins, State Warden, 10181 Tracy Tr., Parma, Oh 44130-5210.

(Type or print the following:) Date: _____

Council number: _____ District: _____ Diocese: _____

Council Name: _____ City of Council: _____

Grand Knight: _____ Council M/U Chairman: _____

Present Ruler Count: _____

Gimme Five Collection: _____

Local Merchant/Business Collection: _____

M/U Fundraiser: _____

Measure-Up Collection: _____

**Measure Up 2009 Campaign Collection Grand Total:** _____

*DISTRIBUTION RULES*

1. Contributions must be made to qualified C3 organizations, as described by the Internal Revenue Service.
2. Recipient organizations should be providing assistance or support to citizens with Mental Retardation within your community or geographical area.

**STATE COUNCIL CHECK TO BE MADE PAYABLE TO:**
(Complete Name for Check. Use reverse side for additional agencies.)

Name of Recipient Organization #1: _____

Address of Recipient Organization #1: _____

City: _____

* Percentage of Total Collection for Organization #1: _____%

***Note: This is the % of the 80% returned to your council.***

**STATE COUNCIL CHECK TO BE MADE PAYABLE TO:**
(Complete Name for Check. Use reverse side for additional agencies.)

Name of Recipient Organization #2: _____

Address of Recipient Organization #2: _____

City: _____

* Percentage of Total Collection for Organization #2: _____%

**STATE COUNCIL CHECK TO BE MADE PAYABLE TO:**
(Complete Name for Check. Use reverse side for additional agencies.)

Name of Recipient Organization #3: _____

Address of Recipient Organization #3: _____

City: _____

* Percentage of Total Collection for Organization #3: _____%

**STATE COUNCIL CHECK TO BE MADE PAYABLE TO:**
(Complete Name for Check. Use reverse side for additional agencies.)

Name of Recipient Organization #4: _____

Address of Recipient Organization #4: _____

City: _____

* Percentage of Total Collection for Organization #4: _____%

**STATE COUNCIL CHECK TO BE MADE PAYABLE TO:**
(Complete Name for Check. Use reverse side for additional agencies.)

Name of Recipient Organization #5: _____

Address of Recipient Organization #5: _____

City: _____

* Percentage of Total Collection for Organization #5: _____%

**** Note: This is the % of the 80% returned to your council.***