Ohio State Council
Knights of Columbus

Gerard A. Eckstein
State Deputy

MEASURE-UP 2006 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, 2006**. Make council check payable to: **OHIO STATE COUNCIL, KNIGHTS OF COLUMBUS**; mail to: Ken Girt, State Warden, 6433 Lutz Ave. NW, Massillon OH 44646-3426.

(Type or print the following:) Date: ________________

Council number: ________________ District: ___________ Diocese: ______________________

Council Name: _________________________ City of Council: _______________________________

Grand Knight: _________________________ Council M/U Chairman: _________________________

Present Ruler Count: ___________________ Rulers Requested for 2007: _____________________

Gimme Five Collection: _____________________

Local Merchant/Business Collection: _____________________

Measure-Up Fundraiser: _____________________

Measure-Up Street Collection: _____________________

Measure Up 2006 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.

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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: ____________%

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

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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: ____________%

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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: ____________%

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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: ____________%

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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: ____________%

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<u>* Note: This is the % of the 80% returned to your council.</u>