COUNCIL PRO-LIFE CONTRIBUTION

COUNCIL NAME: _____ COUNCIL NUMBER _____ DATE _____

As per resolution from a state convention several years ago, it was suggested that each council during each fraternal year voluntarily contribute $1.00 per member (or higher amounts) to local pro-life groups and/or to a state council fund from which the state council will distribute funds to state wide pro-life groups. Since the state council needs to know the amounts contributed locally please use this form to show how your council has contributed, i.e. either locally or to the state council fund or both.

OUR COUNCIL HAS CONTRIBUTED LOCALLY TO THE FOLLOWING PRO-LIFE GROUPS

_____AMOUNT _____

_____AMOUNT _____

_____AMOUNT _____

OUR COUNCIL WILL CONTRIBUTE TO THE STATE COUNCIL PRO-LIFE FUND.

AMOUNT: _____

Please mail this sheet stating how you have contributed to the pro-life cause. Any funds your council may want to contribute to the state council pro-life fund should be sent before the state convention.

Send check made payable <u>South Dakota Knights Of Columbus</u> to:

Terry Andersen
State Secretary
513 N Washington Ave
Madison, SD 57042

SIGNED: _____ DATE: _____
(GRAND KNIGHT)

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