

# Ohio State Council Knights of Columbus

**Kevin P. Miller**  
*State Deputy*

## MEASURE UP 2019 CAMPAIGN - REPORT AND GRANT FORM

Please complete and mail to the State Warden with the council Measure Up check. The **full amount collected** is to be forwarded by **August 1, 2019**.

Please make the council check payable to: **OHIO STATE COUNCIL, KNIGHTS OF COLUMBUS**

Please mail checks and forms to: Michael J. Felerski; State Warden;  
1580 Gelhot Dr. #234; Fairfield, OH 45014

(Type or print the following :) Date: \_\_\_\_\_ Present Ruler Count: \_\_\_\_\_

Council number: \_\_\_\_\_ District: \_\_\_\_\_ Diocese: \_\_\_\_\_

Council Name: \_\_\_\_\_ City of Council: \_\_\_\_\_

Grand Knight: \_\_\_\_\_ Grand Knight's Phone Number \_\_\_\_\_

Council M/U Chairman: \_\_\_\_\_ M/U Chairman's Phone Number \_\_\_\_\_

***Gimme Five*** Collection: \_\_\_\_\_

Local Merchant/Business Collection: \_\_\_\_\_

M/U Fundraiser: \_\_\_\_\_

Measure-Up Collection: \_\_\_\_\_

**Measure Up 2019 Campaign Collection Grand Total:** \_\_\_\_\_

### *DISTRIBUTION RULES*

1. Contributions must be made to an identified 501 C-3 organization(s), as described by the Internal Revenue Service.
2. Recipient organizations should be providing assistance or support to citizens with Developmental Disabilities within the local community or geographical area.

### **STATE COUNCIL CHECK TO BE MADE PAYABLE TO:**

(Please complete with organization's full name for check. Use reverse side for additional agencies.)

Name of Recipient Organization #1: \_\_\_\_\_

Address of Recipient Organization #1: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

\* Percentage of Total Collection that your council desires to go to Organization #1: \_\_\_\_\_ %

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

**STATE COUNCIL CHECK TO BE MADE PAYABLE TO:**

(Please complete with organization's full name for check. Use reverse side for additional agencies.)

Name of Recipient Organization #2: \_\_\_\_\_

Address of Recipient Organization #2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

\* Percentage of Total Collection that your council desires to go to Organization #2: \_\_\_\_\_%

**STATE COUNCIL CHECK TO BE MADE PAYABLE TO:**

(Please complete with organization's full name for check. Use reverse side for additional agencies.)

Name of Recipient Organization #3: \_\_\_\_\_

Address of Recipient Organization #3: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

\* Percentage of Total Collection that your council desires to go to Organization #3: \_\_\_\_\_%

**STATE COUNCIL CHECK TO BE MADE PAYABLE TO:**

(Please complete with organization's full name for check. Use reverse side for additional agencies.)

Name of Recipient Organization #4: \_\_\_\_\_

Address of Recipient Organization #4: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

\* Percentage of Total Collection that your council desires to go to Organization #4: \_\_\_\_\_%

**STATE COUNCIL CHECK TO BE MADE PAYABLE TO:**

(Please complete with organization's full name for check. Use reverse side for additional agencies.)

Name of Recipient Organization #5: \_\_\_\_\_

Address of Recipient Organization #5: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

\* Percentage of Total Collection that your council desires to go to Organization #5: \_\_\_\_\_%

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