



2023 Measure Up Campaign Report & 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, 2023**.

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

Please mail check and forms to: Ohio State Council, Knights of Columbus
c/o Chris Sarka
7239 Winterbek Ave. New Albany, Ohio 43054-9097

Date _____	Present Ruler Count _____	
Council # _____	District _____	Diocese _____
Council Name _____	City of Council _____	
Grand Knight _____	Phone Number _____	
MU Chairman _____	Phone Number _____	

Gimme-5 Collection	_____
Local Merchant/Business Collection	_____
M/U Fundraiser	_____
M/U Collection:	_____
Measure Up 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 and 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.*



**Ohio State Council
Knights of Columbus**
Mark Siracusa, *State Deputy*

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 and 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 and 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 and 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 and 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.*