



# 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.*