

2024 Matching Funds Contribution Form



**Knights of
Columbus®**
**Ohio
State Council**



Date:

Select One: Assembly Chapter Circle Council
 District Individual Other (Explain)

Number: Name:

Diocese: City:

Chairman:

Phone #: Email:

ENTER DONATION AMOUNT ->

PLEASE MAKE CHECKS PAYABLE TO:

Ohio State Council Knights of Columbus

MAIL FORM AND DONATION TO:

Christopher Sarka
State Advocate
7239 Winterbek Ave
New Albany, OH 43054-9097

OFFICE USE ONLY:
Rec'd Date:

Order Rec'd: