

Charitable Requests
Knights of Columbus, Council 6189

Date: _____ Submitter: _____

Name of Recipient: _____

Background: _____

Amount Requested: \$ _____

To Whom the Check is to be made out: _____

Delivery of the Check:

Delivered by Requestor: _____

or

Mail to: _____

Amount Approved: \$ _____

Passed on _____ Amount \$ _____

Check Number: _____ Date : _____

Please download and complete with as much detail possible to allow the Charity Committee to determine an accurate assessment. Return the form to Rich Mayer or Tom Hoof.