



LIONS OF ILLINOIS FOUNDATION

CANDY DAY Final Report

OFFICIAL REPORT of Candy Day Fund Raising for Humanitarian Services (Blind & Deaf)

_____ Yes, our club participated in Candy Day on _____

_____ NO, our Club is **unable** to participate but enclosed is our donation of \$_____ to the Lions of Illinois Foundation Candy Day Campaign.

CLUB NAME: _____ DISTRICT _____ CLUB # _____

CANDY DAY CHAIRPERSON: _____ PHONE: _____

ADDRESS: _____

CITY: _____ ZIP: _____ E-MAIL: _____

CANDY DAY RESULTS: (Please answer all questions ONLY if Club participated in Candy Day)

Number of (Lion) Workers/Volunteers _____ Kohl's Cares Volunteers _____

Number of Cases of Candy Purchased _____ Has candy been purchased & paid for w/ LIF YES [] NO []

Collections from CANDY DAY \$ _____

Collections from UNDERWRITERS \$ _____

Collections from COUNTER TRAYS (From July 1st-Nov 30) \$ _____

GROSS TOTAL COLLECTION FROM ALL SOURCES \$ _____

COST OF CANDY (-) \$ _____

COST OF APRONS (-) \$ _____

OTHER COSTS please explain & list other costs (-) \$ _____

NET \$ _____

CONTRIBUTIONS TO: (Please make all checks payable to Lions of Illinois Foundation)

THIS MUST EQUAL 60% of NET OR MORE to LIONS of ILLINOIS Projects \$ _____

Date: _____ Signature: _____ Title: _____

Your contributions to the Foundation will make the following projects possible: Camp Lions for Children & Adults, Low Vision Program, Mobile Hearing Unit, Social Services and Referral, LIF Used Hearing Aid Collection & Hearing Aid Bank (H.A.B), Used Eyeglasses Collections, LIF Fund for Emergency (L.I.F.E)

SUBMIT THIS REPORT AND CONTRIBUTIONS NO LATER THAN DECEMBER 1)

LIONS OF ILLINOIS FOUNDATION

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