



LIONS OF ILLINOIS FOUNDATION TOOTSIE POP DAY CAMPAIGN ORDER FORM 20

_____ Yes, our club will participate in Tootsie Pop Day on _____
(Dates)

_____ No, our Club is **unable** to participate, enclosed is our donation of \$ _____ to
The Lions of Illinois Foundation Tootsie Pop Day Campaign

COMPLETE & RETURN THIS FORM AS SOON AS POSSIBLE

_____ CASES OF TOOTSIE POPS (525 SUCKERS PER CASE) \$75.00 + SHIPPING

_____ REVISED/UPDATED APRONS @ \$20.00 PER APRON + SHIPPING
(SAME APRONS THAT WILL BE USED FOR CANDY DAY)

PO BOXES AND RURAL ROUTES ARE **NOT** ACCEPTED

Please ship candy to address listed below Will Pick up from LIF Office

FREE TOOTSIE POP DAY SUPPLIES

ENTER QUANTITY IN SPACES PROVIDED

_____ TOOTSIE POP MILK JUG DECALS _____ WINDOW POSTERS

_____ UNDERWRITING LETTERHEAD _____ CERTIFICATES OF APPRECIATION

SPECIAL NOTE: PLEASE READ CAREFULLY

In consideration of the preparation and distribution by the Foundation of canisters, aids, news releases and Promotion materials relative to TOOTSIE POP DAY, we do hereby agree to make a full and complete Financial disclosure of all TOOTSIE POP DAY collections to the Foundation and to utilize the net proceeds thereof for the sole benefit of the blind and deaf projects, remitting our contributions promptly to the Foundation a minimum of 60% thereof, retaining the balance of 40% for local aid to the blind and deaf activities in accordance with the established policy of the Lions of Illinois Foundation.

ALL FUNDS WILL BE GIVEN TO AID VISION AND HEARING PROJECTS ONLY.

SIGNATURE: _____ TITLE: _____ DATE: _____

CLUB NAME: _____ DISTRICT: _____

DELIVER TO: _____

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE #: _____ EMAIL: _____

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