



LIONS OF ILLINOIS FOUNDATION CANDY DAY 20____

FINAL REPORT

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

____ Yes, our club participated in Candy Day on _____
(Dates)

____ 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 _____

Number of Cases of Candy Purchased _____ Has candy been purchased & paid for to 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 the 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 and Adults, Low Vision Program, Mobile Retinal Unit, Mobile Hearing Unit, Social Services and Referral, LIF Used
Hearing Aid Collection & Hearing Aid Bank (H.A.B.), Used Eyeglass Collections, LIF Fund for Emergency (L.I.F.E.).

SUBMIT THIS REPORT AND CONTRIBUTIONS NO LATER THAN DECEMBER 1, 20__