



# LIONS OF ILLINOIS FOUNDATION

## CANDY DAY

### 2025 FINAL REPORT



OFFICIAL REPORT of CANDY DAY Fundraising for Humanitarian Services (Blind & Deaf).

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

☐ YES, our Club participated in CANDY DAY on \_\_\_\_\_ (date)

CLUB NAME: \_\_\_\_\_ DISTRICT: \_\_\_\_\_ CLUB #: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### CANDY DAY RESULTS: (Please Answer ALL Questions ONLY if Club Participated in CANDY DAY)

Number of (Lion) Workers/Volunteers \_\_\_\_\_ Number of cases of candy received \_\_\_\_\_

Collections from CANDY DAY \$ \_\_\_\_\_

Collections from UNDERWRITERS \$ \_\_\_\_\_

GROSS TOTAL COLLECTION FROM ALL SOURCES \$ \_\_\_\_\_

COST OF CANDY \_\_\_\_\_ \$ \_\_\_\_\_

Please explain & list other costs

COST OF APRONS \_\_\_\_\_ (-)\$ \_\_\_\_\_

OTHER COSTS \_\_\_\_\_ \$ \_\_\_\_\_

NET \_\_\_\_\_

CONTRIBUTIONS TO: (Please make 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 for students and adults, Mobile Units, Social Services and Referral, LIF Used Hearing Aid Collection & Hearing Aid Bank (H.A.B.), Used Eyeglass Collections.

**SUBMIT THIS REPORT AND CONTRIBUTIONS BY DECEMBER 1, 2025**

LIONS OF ILLINOIS FOUNDATION  
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