



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 _____ <small>Please explain & list other costs</small>	\$ _____
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 BEFORE DECEMBER 1, 2025

LIONS OF ILLINOIS FOUNDATION
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