



LIONS OF ILLINOIS FOUNDATION 2019 CANDY DAY ORDER FORM

****Sugar Free Suckers
3lb & 15lb boxes
available
This is the same candy
we use for Diabetes
Awareness**

CLUB REQUESTS

(CLUB NAME & DISTRICT)

_____ **CASES OF WINTERGREEN CANDY (\$95.00)**

(576 ROLLS IN A CASE)

_____ **CASES OF SUGAR FREE CANDY 3 LBS (\$45.00 SHIPPING INCLUDED)**

(350 SUCKERS PER BOX)

_____ **CASES OF SUGAR FREE CANDY 15 LBS (\$95.00 + SHIPPING)**

(1,050 SUCKERS PER BOX)



CANDY DAY APRONS _____ @ \$13.00

COUNTER TRAYS _____ @ \$7.00

(INCLUDES 2 TRAY BACKINGS)

WILL PICK UP CANDY AT DISTRICT JAMBOREE? [] Yes [] No (if NOT picking candy up at Jamboree, please contact your local Trustee)

Our club will hold Candy Day on the following date _____.

CANDY DAY SUPPLIES (WE SUGGEST YOU ORDER ONLY THE AMOUNT YOU ARE POSITIVE TO USE)

WINDOW POSTERS (11X17) _____

CERTIFICATE OF APPRECIATION _____

VOLUNTEER BUTTONS _____

UNDERWRITER LETTERHEAD _____

MILK CARTON STICKERS _____

SPECIAL NOTE: PLEASE READ AGREEMENT CAREFULLY

WHEREAS; Illinois Lions Candy Day is perhaps the greatest state-wide fund-raising activity **EXCLUSIVELY BENEFITING SIGHT, HEARING, and HUMANITARIAN SERVICES** in Illinois; and WHEREAS: Illinois Lions Clubs work together to ensure success and benefits; and WHEREAS; Lions have directed their Lions of Illinois Foundation to provide extensive Services, Programs & Grants, like our award-winning Camp Lions, Mobile Retinal Unit, Mobile Hearing Unit, Our Low Vision Program, and our design for research and much more and WHEREAS; recognizing that each individual Lions Club also has a real responsibility to its own sight, hearing, and humanitarian services in their own community, often to a degree that cannot be met from retained Candy Day funds alone, but must be supplemented by other club fund-raising activities; so, **THEREFORE**, By signing this agreement. Our Lions Club **AGREES TO PARTICIPATE in FULL MEASURE in this Lionistic activity; AND MUST CONTRIBUTE A MINIMUM OF 60 PERCENT OR MORE OF THE NET PROCEEDS** to your Lions of Illinois Foundation for your provided projects, and services; and we **FURTHER AGREE** that **ALL FUNDS RETAINED** by our Club shall be used **EXCLUSIVELY** for aid to sight, hearing, and humanitarian services in our own community. It is **FURTHER AGREED** that a full accounting of funds shall be made to the Lions of Illinois Foundation before December 1st of this calendar year.

SIGNATURE _____ TITLE _____ DATE _____

CLUB TO CHARGE _____ CLUB DISTRICT 1- _____

EMAIL _____

ONLY DELIVERIES TO A HOME OR BUSINESS LOCATION PO BOX NUMBERS ARE NOT ACCEPTED

DELIVER TO _____ PHONE () _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

**LIONS OF ILLINOIS FOUNDATION
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