



# LIONS OF ILLINOIS FOUNDATION

## CANDY DAY Final Report

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

\_\_\_\_\_ Yes, our club participated in Candy Day on \_\_\_\_\_

\_\_\_\_\_ 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 \_\_\_\_\_ Kohl's Cares Volunteers \_\_\_\_\_

Number of Cases of Candy Purchased \_\_\_\_\_ Has candy been purchased & paid for w/ LIF YES [ ] NO [ ]

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

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

Collections from COUNTER TRAYS (From July 1<sup>st</sup>-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 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 & Adults, Low Vision Program, Mobile Hearing Unit, Social Services and Referral, LIF Used Hearing Aid Collection & Hearing Aid Bank (H.A.B), Used Eyeglasses Collections, LIF Fund for Emergency (L.I.F.E)

**SUBMIT THIS REPORT AND CONTRIBUTIONS NO LATER THAN DECEMBER 1)**

LIONS OF ILLINOIS FOUNDATION

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