

**Missouri Knights of Columbus**  
**Columbian Charities of Missouri, Inc.**  
**Council Drive for Persons with Developmental Disabilities Disbursement**  
**Request Form**



1. Council # \_\_\_\_\_ requests to contribute \$\_\_\_\_\_ to the following program:
- a) ☐ Special Olympics Missouri (SOMO) – Council gets credit, but the donation is included in a Columbian Charities check. (Skip to line 7)  
\*If Council has a pre-existing relationship with a local SOMO agency (team) or a specific SOMO Area, please list the name here: \_\_\_\_\_  
SOMO will coordinate check presentation with the Council.
- b) ☐ Special Olympics Missouri Training for Life Campus – Council gets credit, but the donation is included in a Columbian Charities check. \*Gift will be credited to Council's outstanding pledge if applicable. (Skip to line 7)
- c) ☐ Special Olympics Missouri Area – (list SOMO area or local SO group) \_\_\_\_\_ SOMO will coordinate check presentation with the Council. (Skip to line 6)
- d) ☐ Knights of Columbus Developmental Center, Cardinal Glennon Children's Medical Center. Council gets credit but the donation is included in a Columbian Charities check. (Skip to line 7)
- e) ☐ Other Program  
Name of Program \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_, MO Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Contact eMail \_\_\_\_\_ Website \_\_\_\_\_  
Program must be Not-for-Profit or Non-Profit that supports people with developmental disabilities.  
☐ IRS 501(c)(3) or Missouri Non-Profit Letter Attached  
☐ IRS 501(c)(3) letter on file at Columbian Charities (see reverse). No letter needed. (Skip to Line 6)

2. Ownership:

- a) ☐ Public ☐ Private ☐ Other \_\_\_\_\_  
b) ☐ Church ☐ Governmental (Skip to Line 6)

3. Is the program restricted to any group? (e.g., Religious, Economic, Race, etc.) If so, please list:

4. Are fees charged for this program? ☐ Yes ☐ No

If so, how much are they and how are they determined?

5. Explain how the funds requested will be used:

6. Name and address of council officer to send disbursement check:

☐ Grand Knight ☐ Financial Secretary ☐ Treasurer ☐ Other

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

7. Signatures

Grand Knight (Print/Sign)	Date	Area Code + Number
Council DD Drive Chairman (Print/Sign)	Date	Area Code + Number

Mail To:

Jerry Herbert, Columbian Charities Treasurer  
7218 Picasso Dr.  
O'Fallon, MO 63368

*For Columbian Charities Treasurer's Use Only:*

Approved \_\_\_\_\_ Check Number \_\_\_\_\_ Date \_\_\_\_\_