



Wisconsin State Council

Knights of Columbus

In Service to One, In Service to All

Council Charity Grant

Council Charity Fund Request Form

Please complete this form in full to request the distribution from our State Charity Raffle Fund to your Council's Charity Fund. **This form is due before May 1.**

Fraternal Year **2025 -2026**

Date Submitted _____

Council #: _____ Council Name: _____

District # _____ Amount Requested: _____

Amount received last year from the State Charity Raffle: _____

Does your Council have a separate banking account for distribution of these funds? YES ☐ NO ☐

NOTE: Following Best Accounting Practices Protects the Integrity of this Program.

Please indicate, in category and amount, how your Council used the State Charity Raffle funds received **last fraternal year**.

Amount

Authorized Categories: Vocations Support, including RSVP; Disaster Relief for Individuals; Relief of Financial Hardship due to Accident or Illness

Grand Knight: _____ (Print Name)

(Signature)

Treasurer: _____ (Print Name)

(Signature)

Send completed form to:

IMPORTANT NOTICE

**Only fully completed
forms will be considered**

State Charity Director
Wisconsin State Council
Knights of Columbus
PO Box 32
Sparta WI 54656-0032

For State Council Use Only

Amount Granted to Council

1. Mail Original Copy to State Charity Director | Keep a copy for Council files
2. FORM # CCGF
3. Revision Date 11/1/2025 | MAH

STEP 5

Complete this form if your Council wishes to receive a grant from the State Charity Raffle. Council grants are based on how your Council used State Charity Raffle funds LAST YEAR, so please record your Council activity on the form to the fullest.

This does NOT complete the Registration Process.