



# 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:

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**.

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:

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

**IMPORTANT NOTICE**

Only fully completed  
forms will be considered

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



**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.*