

WEST VIRGINIA STATE COUNCILKNIGHTS OF COLUMBUS
MENTALLY HANDICAPPED PROGRAM
DISBURSEMENT REQUEST FORM**

NOTE: No Checks will be forwarded without a Completed Drive Fund Report

Please Print or type

Date _____

Worthy State MHP Chairman:

_____ Council # _____ located in _____, WV
Request that its share of the Mentally Handicapped Funds be disbursed in the following manner and with explanation of use:

_____ (or) _____ % to _____ (organization)	_____ (check No.)
\$ _____ (Address)	\$ _____ (Amount)
_____ (Explanation or Description of Use)	
_____ (or) _____ % to _____ (organization)	_____ (check No.)
\$ _____ (Address)	\$ _____ (Amount)
_____ (Explanation or Description of Use)	
_____ (or) _____ % to _____ (organization)	_____ (check No.)
\$ _____ (Address)	\$ _____ (Amount)
_____ (Explanation or Description of Use)	

Checks will be mailed to the Grand Knight for presentation

(Grand Knight's Signature)

This area is to be completed by the State MHP Chairman
 Council Balance _____
 Date _____
 State MHP Chairman _____

**Send First Copy to MHP Chairman -->
Retain Copy for Council Files**

**Carmen R. Romano
178 Scenic Hill Drive
Bridgeport, WV 26330**