

TOOTSIE - GRAM

RETURN TO:
TOOTSIE ROLL INDUSTRIES, INC.
BOX 633
OAK LAWN, ILLINOIS 60454

Or

Email: aandkmaureen@gmail.com



WE PLAN TO CONDUCT OUR DRIVE ON _____

APPROXIMATE NUMBER OF CASES YOU WILL NEED (Optional) _____

PLEASE LIST CONTACT INFORMATION:

NAME _____

TITLE _____

ADDRESS _____

CITY _____

STATE _____ ZIP CODE _____

PHONE (_____) _____

EMAIL ADDRESS _____

PLEASE MAIL OR EMAIL RESPONSES AT YOUR EARLIEST CONVENIENCE.

SINCERELY,

TOOTSIE ROLL IND.



Tootsie Roll Industries



KNIGHTS OF COLUMBUS

2026 ORDER FORM

ALL ORDERS MUST BE RECEIVED 30 DAYS PRIOR TO SHIPMENT- SEND NO MONEY WITH THIS ORDER
CONTACT INFORMATION

Contact Person: _____
Contact Email: _____ Contact Phone: _____
Date of Drive: _____

SHIP TO ADDRESS: This MUST be a BUSINESS ADDRESS with a daytime phone number RESIDENTIAL ADDRESS WILL NOT BE SHIPPED

NAME: _____
STREET: _____
CITY/STATE/ZIPCODE: _____
PHONE: _____

BILL TO ADDRESS - This MUST be a COUNCIL

COUNCIL #: _____
COUNCIL NAME: _____
STREET ADDRESS: _____
CITY/STATE/ZIPCODE: _____

ORDER INFORMATION

DO NOT SEND TO TOOTSIE ROLL IF LESS THAN 18 CASES ARE ORDERED

- ➡ Orders of **33 cases of item 912** or more will be shipped without freight charges.
- ➡ Orders of 18-32 cases will be subject to freight-upcharge of 5% of total order.
- ➡ Orders of 17 cases and under will not be accepted or shipped unless combined with other Councils for a total of 18 cases or more to the same shipping location, shipped at the same time,
Each Council order must be 5 cases or more.

ITEM	Description	Quantity	Cost	Total Cost
912	K OF C TR BAR 6CT/29.71OZ <i>Bar has updated wrapper and shape. Bars now come in 6 bags of bars per case.</i>		\$19.50/case	
9690	K OF C TR BANK HAT 12 PK			

Item 9690 - Indicate the number of K/C Caps and Collection Canisters needed. There are 12 to each case, one with every 16 cases of candy ordered. NONE will be shipped if left blank

TOTALS

AGREEMENT OF SALES

I agree to pay the invoice amount within 30 days after the completion of the drive unless request and am granted additional time by you in writing.

Financial Secretary: _____ Phone: _____
Email: _____

COMBINED COUNCIL INFORMATION

COUNCIL # _____ Qty: _____
COUNCIL # _____ Qty: _____
COUNCIL # _____ Qty: _____
COUNCIL # _____ Qty: _____

FORM DISTRIBUTION LIST

Three Copies Required. Email or call with questions to: aandkmaureen@gmail.com - or - 708-423-5193.

1. Retain copy for your COUNCIL Files
2. Mail or email copy to Tootsie Roll K/C Program, PO Box 633, Oak Lawn, IL 60454 - - or aandkmaureen@gmail.com
3. Mail copy to: Regional CORDINATOR