



Council Number \_\_\_\_\_ Location \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

**“Wheelchair Sunday” Parish Drive**

*A very effective and successful program to: 1) Raise funding for the delivery of life-changing wheelchairs, 2) Increase awareness of the charitable works by the Knights of Columbus, and 3) Inspire men to proudly join the Knights of Columbus.*

Our Council has conducted a “Wheelchair Sunday”

The total amount of donations received during the weekend? \$ \_\_\_\_\_

How many new members were inspired to join your Council as a result of the presentation? \_\_\_\_\_

If your council would like information on how to conduct a “Wheelchair Sunday” please review the “Wheelchair Sunday” video and Handbook by visiting the Knights of Columbus section at: [www.amwheelchair.org](http://www.amwheelchair.org)

**Other Fundraising Activities for the American Wheelchair Mission**

*Briefly describe any other activities your Council did this year to raise funds for the American Wheelchair Mission (e.g.: Pancake Breakfasts, Car Wash, Dinner/Dance, etc.)*


**Total amount of dollars raised during other fundraising activities:** \$ \_\_\_\_\_

**Total amount of man-hours spent to raise funds this year:** \_\_\_\_\_

**Total amount of donations to the American Wheelchair Mission this year:** \$ \_\_\_\_\_

Date: \_\_\_\_\_

(Signed) \_\_\_\_\_  
(Grand Knight)

Mail Original To: Supreme Council – Fraternal Mission Dept.

(Signed) \_\_\_\_\_  
(Financial Secretary)

Mail Copies To: State Deputy, District Deputy