

Council #	District #	General Agent:	
Grand Knight:	Membership #	Financial Secretary:	Membership #
Phone:		Phone:	
Email:		Email:	
Address for tax receipt:			



\$335 CAD/ PER BOX (12 coats per box, includes Shipping & Handling)

I would like to purchase # _____ of boxes @ \$335/box = total

_____ Grand Knight Signature	_____ Date
Remarks:	

**There is no cut-off date. Jackets can be ordered all winter long.
We have a limited number so get your orders in early.**

To pay by credit card, please [CLICK HERE](#)

**Payments by cheque payable to:
Knights of Columbus Ontario Charities Foundation**

**Mailing address:
Ontario State Office - Coats for Kids Program
393 Rymal Rd. West, Suite 201
Hamilton, ON
L9B 1V2**

DO NOT FAX

FOR OFFICE USE ONLY

Cheque # _____

Amount _____

Date _____