

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:  Ship To (name/ address):	

**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 Charity 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 \_\_\_\_\_