

## **Enights of Columbus**Oregon State Council



## KNIGHT OF THE MONTH AWARD

## **REQUIREMENTS:**

- 1. All information herein shall be for the preceding month in the current Reporting Year.
- 2. In order to receive points, you must submit the winner's name to the State Council Service Program Report no later than the 15th of the month following the award month.
- 3. Report selection to State General Program Director at stateprogramdirector@kofc-or.org by March 1, 2024.

Brother	Name of Member)	has been sel	ected as(Month)	Knight of the Month
for Council _	(Name an	nd Number)	in	(City)
Qualifications a	re listed as follows (a	ttach additional she	ets, description, pho	otos, if necessary)
Member's Name	M	ember's Address		Member's Phone
Date:	Gı	rand Knight:		GK's Phone