PROSPECT REFERRAL CARD



222

List those individuals you feel would be interested in joining the Knights of Columbus

Name:	
Street:	
City:	State/Province:
Phone:	Zip:
E-Mail:	
Name:	
Street:	
City:	State/Province:
Phone:	Zip:
E-Mail:	
Name:	
Street:	
City:	State/Province:
Phone:	Zip:
E-Mail:	
PLEASE PLACE ADDITIONAL NAMES ON BACK	
When contacting	these prospects:
☐ You may mention my name.	
•	t mention my name.
Signature:	
Council Number:	Date:
	Form 921 1-04