



Grand Lodge of Massachusetts Lodge Matching Donations Application

Lodge Making Donation _____

Name of eligible institution _____

Type of institution: Masonic Community Service Cultural Hospital Social Service

Address _____

City _____ State _____ Zip _____

Amount and form of donation

Check or money order \$ _____
(attach copy of check or money order)

Certification

I certify that the above described donation was made after due consideration by:

_____ Lodge as required by its By-Laws.

_____, Master

_____, Secretary

Date: _____

For Grand Lodge use only

Date Received _____

Approved by _____

Check number _____

Date check mailed _____