

COMPLETION FORM

For

Matching Funds & Grants

PLEASE COMPLETE IMMEDIATELY AFTER PRESENTATION
& RETURN TO:
Masonic Charity Foundation, PO Box 2406, Edmond, OK 73083
or
Email as an attachment to information@mcfok.org
or
FAX to (405) 348-9031

MATCHING FUNDS

(Complete this section for any Community or Promises Matching Funds received)

This is to notify and certify that the Masonic Charity Foundation contribution of \$ _____
(amount matched)
was matched by _____ Lodge No. _____, presented
on: _____ for: _____
(Month, day & year) (Name of Recipient)

This amount plus our contribution made the total presentation equal \$ _____
(total amount presented)

GRANTS

(Complete this section for any Promises Matter Grant funds received)

This is to certify that _____ Lodge/Chapter No. _____
(Lodge or Chapter Name)
received a check in the amount of \$ _____ from the Masonic Charity Foundation that was
used entirely to assist _____ as was outlined in
(name of needy member)
the grant approval letter. If different, summarize the expenditures on a separate sheet.

SIGNATURES

Secretary

Worshipful Master or Worthy Matron

S
E
A
L

Date: _____

(If available, send photos for possible use on our website or Annual Report, along with any newspaper coverage, etc.
Digital photos may be emailed to us at information@mcfok.org)

(revised December 2010)