



WASHINGTON MASONIC SERVICES

PO Box 65830 University Place, WA 98464
253-442-2505 www.masons-care.org

LODGE MATCHING REQUEST FORM

Date: _____

Application for matching funds for Masonic Lodges supporting community youth education.

Requester's Name: _____

Email Address: _____ Phone: _____

Lodge Name: _____

Mailing Address: _____

Youth Program Title: _____

Program description and need(s) it addresses:

Proposed use of funds:

Lodge funds raised for this program: _____ Amount requested: _____

If awarded, the Lodge will provide Washington Masonic Services a follow-up on the total amount given to the youth program by this date: _____

Lodge Worshipful Master (Print Name/Signature): _____/_____

Lodge Secretary/Treasurer (Print Name/Signature): _____/_____