



WASHINGTON MASONIC SERVICES
PO Box 65830, University Place, WA 98464
253-442-2505 www.masonscare.org

LODGE MATCHING REQUEST FORM Date: _____

Application for Lodge Matching funds for supporting community relief and youth education.

Requester's Name: _____

Email Address: _____ Phone: _____

Lodge Name: _____

The following details can be found on and should match the W9 Form for the recipient

Make Check Payable to / Program Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Program description and need(s) the program addresses:

Proposed use of funds:

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

Application Checklist

*All items below must be completed and included with the application at the time of submission.
Incomplete applications will delay the review and matching process.*

- Image of Check or Check Mailed to WAMS Make checks payable to Washington Masonic Services Completed W-9 Form for recipient

For presentation purposes WAMS should mail check to: Recipient or Lodge

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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

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