

MASONIC CHARITY FOUNDATION OF NEW MEXICO

P.O. Box 25004 Albuquerque, New Mexico 87125-0004

APPLICATION FOR MATCHING FUNDS

Date _____

Organization Name & Number _____

Presentation should be made in the name of the local organization ONLY.

NAME OF RECIPIENT/S: _____

EXPLANATION OF NEED/S: _____

DATE OF PRESENTATION/S: _____

\$ _____ Amount Your Organization is Contributing.

\$ _____ Amount requesting to be Matched.

\$ _____ Total Amount to be given to recipient.

Presiding Officer Signature _____

Secretary Signature _____

Mailing Address _____

