

MASONIC ANGEL FOUNDATION, INC.

BENEVOLENCE REPORT

AFFILIATE MAF NAME: _____

Request Processed By Lodge MAF Trustee:			
SCHOOL:		DATE:	
PHONE:		REQUEST # (optional)	

SCHOOL CONTACT:	

Complete the Details Section Below Only to the Extent Necessary to Communicate
It Is Not Necessary to Write a Book – Example “12 year old girl – winter coat – mom out of work”

DETAILS OF BENEVOLENCE:				

CHECK WAS MADE PAYABLE TO:				
DATE AMT REQ (optional)		AMOUNT PAID	\$	
MAF CHECK #		Date & Time Check Delivered (optional)		