



Charitable Donation Request

Most Worshipful Prince Hall Grand Lodge of Virginia, F. & A.M., Inc.

Lodge Name & No. _____ Date: _____

From Brother: _____

Address: _____ City: _____ State: _____ Zip: _____

1. Is the Brother requesting aid ill? Yes No
 - a. If Yes, please explain the nature of illness: _____
2. Is the Brother requesting aid physically handicapped? Yes No
 - a. If Yes, please explain: _____
3. If #1 and #2 are answered No, please explain reason for charity request: _____

4. Is he confined to a bed? Yes No
5. Has the subordinate lodge rendered financial assistance to this Brother and utilized all resources for supplemental income? Yes No
 - a. If Yes, please state the assistance provided: _____
 - b. If No, please explain why lodge has not assisted: _____

6. Is the Brother receiving Social Security, Medicare, etc.? Yes No
7. Does the Brother have any dependents? Yes No
 - a. If so, please state how many and their relationships: _____

Brother requesting aid: _____
(Signature)

This is to certify that _____ Lodge No. _____ has made a sincere effort to financially assist the above named brother.

Worshipful Master (Signature): _____

Lodge Secretary (Signature): _____

District Deputy Grand Master (Signature): _____ District: _____

Request: Approved Disapproved _____
(Signature – Chairman of Charity Committee)

