

**PHGL OF OHIO
CLAIM FOR DONATION TO BENEFICIARY
OF DECEASED BROTHERS**

DATE: _____

NAME OF LODGE: _____ LODGE # _____

NAME OF DECEASED: _____
LAST NAME FIRST NAME MIDDLE INITIAL

ADDRESS: _____
STREET CITY STATE ZIP CODE

DATE DECEASED: _____ **AMOUNT OF CHARITY DUE \$** _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

DATE RAISED _____ DATE SUSPENDED _____ DATE REINSTATED _____

FIRST BENEFICIARY

NAME: _____ RELATIONSHIP _____

STREET CITY STATE ZIP CODE

AGE: _____ SS # _____ PHONE # _____

SECOND BENEFICIARY

NAME: _____ RELATIONSHIP _____

STREET CITY STATE ZIP CODE

AGE: _____ SS # _____ PHONE # _____

****IF THE DESIGNATED BENEFICIARY IS DECEASED FURNISH A CERTIFIED COPY OF THEIR DEATH CERTIFICATE.****

SIGNATURE OF WORSHIPFUL MASTER PHONE NUMBER DATE

SIGNATURE OF LODGE SECRETARY PHONE NUMBER DATE

LODGE SECRETARY STREET CITY STATE ZIP CODE

LODGE SEAL ****ATTACH A COPY OF THE CERTIFIED DEATH CERTIFICATE****