

The Most Excellent Prince Hall
Grand Chapter of Ohio Royal Arch Masons
CHARITABLE DONATION REQUEST FORM



(DATE) _____

NAME OF ROYAL ARCH CHAPTER AND NUMBER

NAME OF SECRETARY OF ROYAL ARCH CHAPTER

ADDRESS

CITY STATE ZIP CODE

NAME OF DECEASED:

LAST FIRST MIDDLE

ADDRESS

CITY STATE ZIP CODE

DATE OF BIRTH AGE DATE OF DEMISE

NAME OF BENEFICIARY:

LAST FIRST MIDDLE

ADDRESS

CITY STATE ZIP CODE

TELEPHONE NUMBER RELATIONSHIP TO DECEASED

NAME OF PAYEE, IF OTHER THAN BENEFICIARY

SIGNATURE OF BENEFICIARY OR PERSON IDENTIFIED ABOVE

A Certified copy of death certificate must accompany this form.

RETURN FORM TO: MEPHGC Of Ohio RAM
(Revised 12/7/18/mlr) Attn: Grand Secretary
50 Hamilton Park Suite #1
Columbus, Ohio 43203