

**Most Illustrious Prince Hall Grand Council
Royal and Select Masters, State of Ohio and Jurisdictions**



CHARITY DONATION REQUEST

Council Name and No. _____ **Date:** _____

Recorder Name and Address: _____

Name of Deceased: _____
Last Middle First

Address: _____
Street City State Zip

Date of Birth: _____ **Age:** _____ **Date of Death:** _____

Name of Beneficiary: _____
Last Middle First

Address: _____
Street City State Zip

Telephone No: _____ **Relationship to Deceased** _____

Name of Person to be made to. If different from Beneficiary:

Signature of Beneficiary: _____ **Date:** _____

NOTE: A certified or photo copy of death certificate, obituary, or funeral program must accompany this form. Please return completed forms to the Rt. Ill. Grand Recorder