

ANNUAL AD BOOK

Organization: _____

Contact: _____

Address: _____

Telephone: _____

E-Mail Address: _____

Please Check One:

- Full Page \$250
- 1/2 Page \$175
- 1/4 Page \$125
- 1/8 Page \$100

Please complete this box if your Lodge would like Grand Lodge to match your donation:

**Grand Lodge of Massachusetts
Lodge Matching Donations Application**

Lodge making donation: _____

Name of eligible institution: **Massachusetts DeMolay**

Type of institution: Masonic Family Community Service Cultural Hospital Social Service

Address: 186 Tremont Street, Boston, MA 02111

Amount and Form of Donation: \$ _____ Check Money Order

Certification

I hereby certify that the above described donation was made after due consideration by:

_____ Lodge as required by its Bylaws.

Date: _____

_____, Master

_____, Secretary

For Grand Lodge Use Only:

Date received: _____

Approved by: _____

Check number: _____

Date check mailed: _____

Please attach your advertisement or the front copy of your Lodge notice along with any text you would like to include as a part of your advertisement.

Please return this form and make checks payable to: Massachusetts DeMolay, 186 Tremont Street, Boston, MA 02111-1095

Deadline for submissions - June 15, 2016