



CONCLAVE 2017

Massachusetts DeMolay • 186 Tremont Street, Boston, MA 02111 • 617-426-6040 x4231

ANNUAL AD BOOK

Organization: _____

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Please Check One:

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

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Date: _____

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For Grand Lodge Use Only:

Date received: _____

Approved by: _____

Check number: _____

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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, 2017