

# Masonic Foundation of Ontario

## District/Lodge Project Application Form



Date

District/Lodge Name

### PROJECT INFORMATION

Type:

Goal:

Duration:

### MASONIC PROJECT COORDINATOR

Name:

Street Address:

City:

Province:

Postal Code:

Telephone:

Fax:

Email:

**PROJECT RECIPIENT CONTACT PERSON**

Name:		
Organization Name:		
Street Address:		
City:	Province:	Postal Code:
Telephone:	Fax:	Email:

**WHEN AND HOW WILL THE FUNDS BE DISTRIBUTED?**

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**APPLICATION SUBMITTED BY**

Name of Project Coordinator	
Signature	Date
Name of District Deputy Grand Master	
Signature	Date

**Completed applications or inquires are submitted to:**

Masonic Foundation of Ontario  
 361 King St. West  
 Hamilton, ON. L8P 1B4  
 (905) 527-9105  
 FAX:(905)527-8859  
 Email: melvyn.duke@cogeco.ca