CHARITY FUND REPORT

(List Names Alphabetically)

Lodge No._____

Meeting in _____ Date_____

NAME	Am'nt. Pd.	NAME	Am'nt. Pd.

Secretary's Signature:_____ Total 0.00

For Use of the Grand Secretary's Office Only

Amount Received_____ Date Received_____ Bal. Due_____

Signature: _____, Grand Secretary

Print Form

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FORM C100