

RAISED / HEALED FORM

Please Print or Type

Lodge: _____ Lodge No. _____ District _____

Address: _____ Zip Code: _____

Date: _____

(Please check one) ⇄ NAME MEMBERS (List Names Alphabetically)	N E W L Y	H E A L E D	AMOUNT PAID
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			

Secretary's Signature: _____ Total of Members Listed _____

(\$70.00/per member - Make check payable to: MWP HGL, Grand Lodge Account) Total Submitted \$ _____

For Use of the Grand Secretary's Office (Account Manager) Only

Total Amount Received \$ _____ Date Received/Processed _____

Signature _____, Asst. Grand Secretary