TEMPLE RENOVATION FUND FORM

Lodge:						
Address:					Zip Code:_	
Date:						
(Please check one) NAME MEMBERS (List Names Alphabetically)	C U R R E N T M E M B E R	R E S T O R E D	R E I N S T A T E D	N E W L Y R A I S E	D E M I T T E D	AMOUNT PAID
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