



THE MOST EXCELLENT GRAND CHAPTER OF HOLY ROYAL
ARCH MASON OF NORTH CAROLINA AND JURISDICTION, INC.
BENEVOLENCE CHECK RECEIPT

DATE _____, 20_____

MEMORANDUM FOR RECORD

SUBJECT: BENEVOLENCE PAYMENT

REFERENCE: CLAIM NUMBER _____

WE WISH YOU OUR CONDOLENCES ON THE LOSS OF YOUR LOVED ONE. YOU
HAVE BEEN IDENTIFIED AS THE BENEFICIARY OF THEIR CAPICTULAR
BENEVOLENCE. THE INFORMATION OF THE BENEVOLENT MEMBER IS AS
FOLLOWS:

COMPANION _____ DATE OF BIRTH _____

DATE OF DEATH _____ AGE AT TIME OF DEATH _____

CHAPTERE NAME _____ CHAPTER NUMBER _____

BENEFICIARY _____ RELATIONSHIP _____

THE MASONIC BENEVOLENCE AMOUNT IS:

BENEVOLENCE AMOUNT: _____ \$200.00

AND YOU ARE BEING PRESENTED

CHECK NUMBER: _____ IN THE AMOUNT OF:

FOR ACCOUNTABILITY AND AUDITING PURPOSES, WE REQUIRE YOUR
SIGNATURE TO VERIFY RECEIPT OF THE BENEVOLENCE CHECK.

_____ DATE _____

SIGNATURE OF BENEFICIARY

WITNESS _____ DATE _____

SIGNATURE OF EXCELLENT HIGH PRIEST OR SECRETARY

**THIS RECEIPT SHOULD BE RETURNED TO THE GRAND CHAPTER WITHIN
THIRTY (30) DAYS OF RECEIPT OF THE CHECK.**