

# NEW MASONIC TEMPLE ASSOCIATION MEMORIAL AND DONOR FORM

Date: \_\_\_\_\_

Name of submitting organization or donor: \_\_\_\_\_

In Memory of (if applicable): \_\_\_\_\_

Donated by (If applicable) \_\_\_\_\_

Amount Donated: \_\_\_\_\_

Special Instructions or Comments:

Thank you Acknowledgement To:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Send Completed Form and donation to:

New Masonic Temple Association  
Treasurer  
130 South 6<sup>th</sup> St.  
Council Bluffs, IA 51501-4234

(or place in mailbox at Temple)

Thank You