Washington Masonic Charities
PO Box 65830 University Place, WA 98464 253.442.2505
www.wa-masoniccharities.org

Request For Financial Assistance

Name: _____ Date: _____

Address: _____

Phone: _____ Email:_____ Age:_____

Mason: Yes___ No___ If Yes, home lodge:_____
Masonic Family: Yes___ No___ If Yes, which Masonic body:_____

Amount requested: _____ To pay for what:_____

Justification for Request: _____
_____
_____
_____

Is this request covered by your insurance: Yes ___ No___ Unsure___
Is there a community resource that could help: Yes ___ No___ Unsure___
Organization: _____ Their response: _____
Organization: _____ Their response: _____

Initial to indicate consent:
_____I agree to provide and keep my case manager updated of changes, updates and details that affect the outcome of our goals.
_____I agree to be available by phone and/or email and will complete required documents as prompt as I am able. I am aware I cannot hold WAMC liable if late payment fees or additional charges occur.
_____I understand that WAMC and their authorized representative do not replace other support services, or service plans I receive from other organizations, agencies, or providers.

By signing below, I agree that I have read, understand, and agreed to the information above.

_____ _____
Applicant Signature Date

Office Use Only

☐ Charge to Irvine
$_____ To be used for: _____
$_____ To be used for: _____

_____ _____
WAMC Employee Date WAMC Outreach Director Date

Signature of Executive Director: _____ Date:_____

Updated 12/14/2021