

COMPLETION FORM

Fulfilling Our Obligation Program

Please complete **IMMEDIATELY** after presentation and return to:
Kansas Masonic Foundation, 5835 SW 29th Street, Suite 203, Topeka, Kansas 66614

FULFILLING OUR OBLIGATION PROGRAM

(Complete this section for Fulfilling Our Obligation Funds received)

This is to notify and certify that the Kansas Masonic Foundation contribution of \$ _____
amount matched

was matched by _____ Lodge No. _____,

presented on: _____ for: _____
month / day / year name of recipient

This amount plus our contribution made the total presentation equal \$ _____
total amount presented

Secretary

Worship Master

SEAL

Kansas Masonic Foundation, 5835 SW 29th Street, Suite 203, Topeka, Kansas 66614; (785) 357-7646; Fax (785) 357-7406

If available, send photos for possible use on our website or Annual Report, along with any newspaper coverage, etc.
Digital photos may be emailed to us at Info@KansasMasonic.Foundation