



Membership & Donation Application

Name _____

Address _____

City, State, Zip _____

Phone (day) _____

Phone (evening) _____

Email _____

Masonic Temple Member ___ Yes ___ No

Yes, I want to help support the Crawfordsville Masonic Temple Foundation in their efforts to restore and preserve the Masonic Temple building projects.

I have enclosed my tax-deductible contribution of \$ _____

In Honor of: _____

Please send an acknowledgement to:

Name _____

Address _____

City, St, Zip _____

Comments:

Please make checks payable to ***Crawfordsville Masonic Temple Foundation***

You may drop off your donation and form at the Montgomery County Community Foundation
under the *Masonic Temple Pass Through Account*.

Donations can be mailed to:
Crawfordsville Masonic Temple Foundation
P.O. Box 713
Crawfordsville, IN 47933