



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.**

MEGCHRAMNC FORM 04