OBF

OSM BENEVOLENT FUND

This form must be completed using typescript or block letters and sent to:
The Grand Recorder, Mark Masons' Hall, 86 St. James's Street, London SW1A 1PL

1. CONCLAVE NAME
2. NUMBER
3. BROTHER (Initials) (Surname)
4. FORENAMES IN FULL
5. DECORATIONS AND HONOURS
6. STYLE OE TITLE *(eg Mr. Sir Brigadier)*
7. ADDRESS (i) (ii) (iii) (iv) (v) (vi) POST CODE
8. TELEPHONE HOME WORK MOBILE FAX E-MAIL
9. MMH MEMBERSHIP NUMBER *(if known)*

I am currently a	I wish to qualify as a	I enclose a cheque for the difference	OR	I wish to qualify as a		I enclose a cheque for the full amount
☐ Steward	☐ Vice President	☐		☐ Steward	£20 - 00	☐
☐ Vice President	☐ President	☐		☐ Vice President	£40 - 00	☐
☐ President	☐ Vice Patron	☐		☐ President	£60 - 00	☐
☐ Vice Patron	☐ Patron	☐		☐ Vice Patron	£80 - 00	☐
☐ Patron	☐ Grand Patron	☐		☐ Patron	£100-00	☐
				☐ Grand Patron	£150-00	☐
	AMOUNT £				AMOUNT £	

I wish all donations I make to The OSM Benevolent Fund* as a result of this pledge, or otherwise, to be treated as a Gift Aid Donation. ☐

A CHEQUE MADE PAYABLE TO O.S.M. BENEVOLENT FUND IS ENCLOSED

OR PLEASE CHARGE MY CREDIT OR DEBIT CARD

CARD No SECURITY NUMBER

Visa ☐ Mastercard ☐ Maestro/Switch ☐ EXPIRY DATE VALID FROM ISSUE No. (Maestro/Switch) ☐

I understand that I must pay an amount of income tax or capital gains tax at least equal to the charity reclaims on my donations in the tax year.

SIGNATURE DATE

*A Registered Charity No. 207781