



**APPLICATION FOR DISASTER RELIEF
GRAND CHAPTER OF GEORGIA
ORDER OF THE EASTERN STAR**

Name of Applicant: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Chapter Name: _____ Chapter Number: _____

Marital Status: Widow _____ Married _____ Single _____

Have you made a financial request to any other Masonic affiliated Organization: _____ Yes _____ No

If yes, list Organizations and amount of financial assistance received:

_____ \$ _____
_____ \$ _____

Nature of Disaster and extent of loss: _____

(Use additional space on back of form if needed)

Signatures:

Worthy Matron _____ Phone: _____
(or Acting Official)

Worthy Patron _____ Phone: _____
(or Acting Official)

FOR USE BY DISASTER RELIEF COMMITTEE ONLY

APPROVED: _____ Chairperson _____

AMOUNT:\$ _____ Committee Member _____

DISAPPROVED _____ Committee Member _____

DATE: _____