

ORDER OF THE EASTERN STAR "REQUEST FOR RENEWAL" of Benevolent Fund Assistance

V	Date		
•	Cha	oter No	
FROM:			
(Worthy Matron	or Secretary)		
TO:	enevolent Board)		
(Chairperson Be	enevolent Board)		
	I, Sections 1 & 2 of the By-Laws and expended financial assistance from the		
Name of Recipient	Amount Per Month	Six Month Jan. to June	<u>Period</u> July to Dec.
and we request the following a	I that assistance should be continued ssistance from the Grand Chapter Be	nevolent Fund for the ne	
☐ There has been no change	e in recipient's income or expenses*(If	f there has been a change,	see instruction below)
	SIGNED:	(Recipient)	
	SIGNED:	(Worthy Ma	tron)
	SIGNED:	(Secretary)	
	SIGNED:	(Relief Comm	ittee)

NOTE:

This "REQUEST FOR RENEWAL" of Benevolent Fund Assistance form must be completed every six months for each recipient of financial aid from the Benevolent Fund. This form is <u>not</u> provided to the Chapter in advance but will be mailed by the Grand Secretary to the Chapter with the last recipient check for the six month period.

Mail the request form to the Chairperson of the Benevolent Board during the month immediately preceding the next six month period.

^{*}Any change of financial status of a recipient shall require a Chapter to submit a new "Application for Assistance" form to the Benevolent Board.