INDIANA FREEMASONS

CO-OP PUBLIC AWARENESS CAMPAIGN REIMBURSEMENT CLAIM FORM



GRAND LODGE OF INDIANA

FESTIVAL KIT CAMPAIGN

This form must be submitted to Grand Lodge of Indiana through the on line Festival Kit portal at https://www.inglmarketing.com/festivalkit

| Lodge Name: | | Today's Date: |
|--|--|---------------------------------|
| Contact Name: | | |
| Contact E-mail: | Contact Phone: | |
| Contact Cell Phone: | Contact Fax: | |
| Contact Address: | | |
| City: | State: | Zip: |
| , | | |
| Y Festival Kit | | |
| The lodge must purchase a lodge-branded eligible. | l stamp and tablecloth from the Indian | a Freemasons' custom shop to be |
| Invoice / Receipt Number from the custon | n shop: | |
| NOTE: Reimbursement for this campaighandbills. No cash reimbursement will be | | ng 2 pop up banners and |

| Lodge Master Signature: | Date: |
|-------------------------|-------|
| Contact Signature: | Date: |

Freemasons' Hall P.O. Box 44210 Indianapolis, IN 46244-0210

P. 317 634 7904 F. 317 634 1141

: 31/634 1141