



MWUGL Foundation, Inc.

A Non-Profit Organization



MASONIC BODY CHARITABLE DONATION REPORTING FORM

Org Name _____ No. _____

Street Address: _____

City: _____ Zip Code: _____

Date of Donation or Service: _____

Principal Officer's Name: _____ Contact # _____

Donation Recipient's Name: _____ Contact # _____

Please provide a brief description of the charitable project(s):

Type of Donation(s):

___ Cash Amount: \$ _____

___ In-Kind Amount: \$ _____

___ Charitable Hours Average Rate _____ x Hours Contributed _____ = \$ _____

Total Monetary Contribution: \$ _____

In-Kind Donations = Materials, Products, or Equipment. (Set a fair Monetary Value)

Hourly Rate = Current State Minimum Wage

Example: Min. Wage \$8.65 per hour x (times) Hours Contributed 10 = \$86.50 in Charitable Hours

Note: List the names of all members who contributed to any charitable hour contributions. Use additional paper if necessary.

This form is to be submitted to:

MWUGLFoundationinc@gmail.com