

REQUEST FOR CONTINUING ASSISTANCE

Form 18A (3/06)

Name of Applicant: \_\_\_\_\_ Signature \_\_\_\_\_

From \_\_\_\_\_ Lodge No. \_\_\_\_\_ A.F. & A.M. of Idaho \_\_\_\_\_ ID \_\_\_\_\_, 20\_\_\_\_  
(Date)

**To: Trustees of Grand Lodge Relief Fund**

Brethren:

Having complied with Sections 501, 508, 509, and 510 of the Idaho Masonic Code and digest, and for the period just ended, this Lodge received and expended finances from the Grand Lodge Relief Fund as follows:

Previous Total \$ Paid	Name of Recipient	\$ Amount per Month	Quarter or Period	Total \$ Paid this Period	Total \$ Paid to Date

For the same recipient this Lodge provided additional assistance as follows:

Previous Total \$ Paid	\$ Amount per Month	Quarter or Period	Total \$ Amount Paid This Period	Total \$ Amount Paid to Date

Additional assistance is being asked for by the recipient and after due investigation we find that assistance should be continued. This Lodge will continue its former monthly contribution and we request the same Monthly Grand Lodge Relief Fund allowance be authorized for the

Month(s) of \_\_\_\_\_, \_\_\_\_\_  
(Next Quarter) (Year)

Lodge Seal

\_\_\_\_\_  
Secretary (Print or type name) Worshipful Master (Signature)

Note:

1. Use a separate for each recipient when applying finances for the next quarter
2. A request for any increase to the monthly allowance must be submitted on a Form 18
3. **Mail this Request for Continuing Assistance form to the Grand Secretary during the month immediately preceding the next quarter**

Note:

- A. After an application for assistance (Form 18) has been filed and a monthly allowance has been authorized by the Trustees of the Grand Lodge Relief Fund, this Form 18A must then be filed quarterly by the Lodge and signed by the applicant.
- B. Allowances are paid quarterly. Lodges and NOT provided with a supply of form 18A. The form is sent along with the check to each Lodge and the Lodge must complete it and send it to the Office of the Grand Secretary prior to the next quarter.