

Updated List of Trustees for _____ Masonic Angel Fund

Date Submitted _____

____ Check here if no changes since last update and leave the form blank

Primary Contact (This is where all MAF communications will be sent)

Name: _____

Street: _____

City/State/Zip _____

Phone _____ Email _____

Secondary Contact

Name: _____

Street: _____

City/State/Zip _____

Phone _____ Email _____

Tertiary Contact

Name: _____

Street: _____

City/State/Zip _____

Phone _____ Email _____

Please submit this information with your report