



MASONIC ENROLLMENT COMMITMENT FORM

Mail To:

PHGL Bldg Fund/ Commitment | P. O. Box 8721 | Pine Bluff, AR 71611

Date: _____

NAME: _____ Phone: () _____

MEMBER MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

LODGE/CHAPTER: _____ # _____

(LOCATION)LODGE/CHAPTER: _____ City: _____ Zip: _____

COMMITMENT AMOUNT: \$ _____ **SIGNATURE:** _____

(PLEASE MAKE PAYABLE TO: PHGL MORTGAGE)

(DONATIONS ARE TAX EXEMPT)

PLEASE SELECT A PAYMENT PLAN: Monthly _____ Quarterly _____ Semi-annually _____ Annually _____

Commitment Timeframe: 1yr _____ 2yrs _____ 3yrs _____ 4yrs _____ 5yrs _____

Thank you...Your **PH Family** Jurisdiction of Arkansas