

**GWINNETT MASONIC  
WIDOW'S FUND**

**P.O. BOX 688  
LAWRENCEVILLE, GA 30046**

**ENROLLMENT CARD**

(Please print all information)

Date \_\_\_\_\_ Certificate No. \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Street or P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Lodge Name and No. \_\_\_\_\_ Birthdate \_\_\_\_\_

Recipients 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_

I pledge to abide by the By-Laws, Rules and  
Regulations of the Gwinnett Masonic Widow's Fund

Signed \_\_\_\_\_