



Masonic Charities of Arizona

2026 Grant Application

Masonic Charities of Arizona is a non-profit organization whose objective is to channel contributions from Masons, the general public and others into an endowment fund whose earnings support children's hospitals, scientific and medical research relative to catastrophic diseases, educational scholarships, learning disabilities, military veterans and agencies organized to relieve human suffering caused by abuse, neglect, illness or poverty throughout the State of Arizona.

To carry out this objective, Masonic Charities seeks grant applications from 501c3 charitable organizations in Arizona.

Deadline - Completed applications should be postmarked no later than **June 19, 2026**, mailed to:

Masonic Charities of Arizona

Kingman Lodge No. 22

212 N. 4th Street - Ste.4

Kingman, AZ 86401-5850

Or Email to:

Grants@MasonicCharitiesAZ.com

Application Requirements:

Organization: _____

Mailing Address: _____

Telephone: _____

Website / URL: _____

Contact Person: _____

Contact Telephone: _____

Contact E-mail: _____

Certification:

I (Name) _____, am the duly appointed representative of

(Organization) _____, do hereby affirm all statements, certifications

and corresponding attachments are true and correct.

Signature

Typed or Printed Name

Date Completed / Certified

Title



Masonic Charities of Arizona

ATTACHMENTS

Attachment A - A copy of the organization's most recent IRS determination letter that recognizes the organization as tax-exempt under 26 U.S. C. 501(c) (3) and to which contributions are tax deductible pursuant to 26 U.S. C. 170.

Attachment B - A copy of the organization's most recently completed IRS Form 990.

Attachment C - A statement describing the programs, services, benefits, etc., provided by the organization within the previous year, and how those programs, services and benefits affect the human health and welfare of the organization's target population.

Attachment D - A listing of the organization's board of directors, beginning and ending dates of each member's term of office, and the board meeting dates and locations for the previous year.

CERTIFICATIONS

I certify the organization named in this application is a human health and welfare organization providing services, benefits, or assistance to, or conducting activities affecting human health and welfare.

I certify the organization named in this application has spent 25% or less of its total support and revenue on administrative and fundraising expenses during the year covered by the submitted IRS Form 990. The actual percentage of administrative and fundraising expenses is _____%.

I certify the organization has a governing board whose members have no material conflict of interest and a majority of which serve without compensation.

I certify the organization is chartered/incorporated under the State of Arizona.

CONTACT INFORMATION

Jed Holley, Secretary
(928) 753-3269 - Please leave message
Grants@MasonicCharitiesAZ.com