



Masonic Homes  
of California

MASONIC OUTREACH SERVICES

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Lodge Service Project  
Home Visit Project Form

Lodge name: \_\_\_\_\_

Date: \_\_\_\_\_

Name of lodge representative: \_\_\_\_\_

Lodge representative's phone number: \_\_\_\_\_

**Mason's name:** \_\_\_\_\_

Age: \_\_\_\_\_

**Wife/widow's name:** \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Who lives in the home with the Mason, wife, or widow?

\_\_\_\_\_  
\_\_\_\_\_

How did the Mason, wife, or widow learn about the lodge's assistance?

\_\_\_\_\_  
\_\_\_\_\_

Describe the need:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Is the need urgent? What is the deadline?

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Is the member, wife, or widow able to contribute towards this effort, financially or otherwise? Please explain?

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Does the Mason/wife/widow know of other friends or relatives who would be able to lend a hand? Who and what would be their contribution?

*(List contact information)*

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Resources needed (Briefly explain the projected resources):

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General observations/comments:

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**Mason signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Wife/widow signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_