



REPLACE YOURSELF PROGRAM AWARD

To the Chairman of the Program:

This is to certify that Brother _____ is the first line
First Name Middle Name Last Name

signer for Brother _____ who was raised on the ____ day
First Name Middle Name Last Name

of _____ 20____ at _____ . It is respectfully requested
Name of Lodge and Number

that this esteemed Brother receive the Replace Yourself Program award for his commitment to our lodge and Ohio Freemasonry.

Signature of Lodge Secretary Date _____

PLEASE PRINT LEGIBLY AND EMAIL OR MAIL THE COMPLETED FORM TO:

caid@caidmckinley.com

Caid McKinley
P.O. Box 3
Willard, OH 44890-0003