**AUTHORIZATION FORM**

F.E.I.N. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Clubs Only)

**MEDINAH SHRINERS**

**550 N SHRINERS DRIVE**

**ADDISON, IL 60101**

This will constitute your authorization to include gross income, receipts, disbursements, and any other information relating thereto of:

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

(Unit/ Committee/Shrine Club)

in the group return (Form 990) for the year 2024 to be filed by Medinah Temple.

I hereby declare under the penalties of perjury that this authorization (including all accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is true, correct and complete and made in good faith.

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Signature of Officer Preparing Form Printed/Typed Name Date Title

Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature - Chairman of Audit Committee Printed/Typed Name Date

Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALL RETURNS & DOCUMENTS ARE DUE BY MARCH 1, 2025**

Note: You may mail or turn in hard copies to the Temple office at the address above. Preferably /alternatively, the completed primary return in EXCEL file format along with this form and all supporting forms and documents (the latter may be scanned or a clear picture taken) and emailed to addresses below. Retain all original signed and completed documents along with your original financial records and receipts in your club / unit files for seven years.

**Email to Bill Sassaman at** **Recorder@Medinah.org** **– 630-889-1400**