

## Humanitarian Foundation History

The Humanitarian Foundation is the official charity of Grottoes International. A 501c3 nonprofit organization created in 1949 by the Supreme Council of the Grottoes of North America, the Foundation conducts the Dental Care for Children with Special Needs program. Prophets (Grotto Members) and their friends are encouraged to help continue the work with children who have cerebral palsy, muscular dystrophy, intellectual disabilities, down syndrome and organ transplants by supporting the Enchanted Lantern Society, Fairchild Society, and Toothbrush Program.



Visit us online at <https://hfgrotto.org>

### Members and Friends can give in these extraordinary ways!

#### Enchanted Lanterns

In the early days of the Grotto, members would hang a red railroad lantern in the window to indicate the location of their next meeting. This history of the lantern was not forgotten when, in 1953, the Grottoes adopted the "Enchanted Lantern" as their emblem to represent each contribution of \$50 or more. The annual sale of Enchanted Lanterns to Grotto members has become the backbone of the Humanitarian Foundation's fund raising efforts for nearly 60 years.

#### Fairchild Society

On September 10, 1889, in Hamilton, New York, LeRoy Fairchild and friends held the first meeting of an organization that would become Grottoes International. It is a fraternity based on fun, fellowship, and the Masonic principles of brotherly love, relief and truth. The Fairchild Society is a donor program established by Grotto members. Named for the Grottoes' chief founder LeRoy Fairchild, the Society offers a variety of gift levels from which to choose and corresponding membership pins.

#### Toothbrush Program

The Toothbrush Program has been a successful venture for the Grottoes International and the Humanitarian Foundation. Over past years, Prophets have had much success putting the face of Grotto out in their community. The donations from the program have been overwhelming and the Foundation is pleased to continue this program. Membership is our most important focus. When, we the Prophets, are out in the community, whether on a street corner, the entrance of a business or some other high traffic location to pass out the toothbrush and Grotto story, we are making the public aware of our organization as they see the good we do in helping our "special kids." We are making good public relations, with a positive image for our organization, which in turn will encourage others to be a part of Grotto.

Email us at [hf@hfgrotto.org](mailto:hf@hfgrotto.org)

## Grottoes International & Daughters of Mokanna HUMANITARIAN FOUNDATION



*1st Vice Chairman George Abraham III, PM & Lady Barb Abraham*

### Humanitarian Foundation

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## DENTAL CARE FOR CHILDREN WITH SPECIAL NEEDS

### Eligibility

The Dental Care for Children with Special Needs Program is designed for children under 21 with one or more of the following conditions:

- Cerebral Palsy
- Muscular Dystrophy and related neuromuscular disorders
- Intellectual Disabilities, including Downs Syndrome & Autism for profound to 2 years overall delayed. **Documentation from the child's school licensed psychologist, or physician, is required.**
- Organ Transplant recipients pre & post

### How to Apply

Please visit our website <https://hfgrotto.org> for the forms listed below or contact the office M-F 8 AM -5 PM

**Parent Form** – The Parent or Legal Guardian must complete the form which is also available to complete online at <https://hfms.techriver.net/parent-dental-care-request-form>

**Dentist Form** - The dentist must complete all items and spaces. The dental office may print off a pre-treatment evaluation to include with the completed form.

### Your Local Dr. of Smiles

Dr. of Smiles is a representative that serves as a liaisons with the parents and dental offices to see that all paperwork is provided and properly completed. Dr. of Smiles are not actual doctors but are the Grotto volunteers in your community. If there is no Doctor of Smiles in your area, you may contact the office M-F 8 AM -5 PM

### Insurance

Medicaid patients are not covered by the program.

Visit us online at <https://hfgrotto.org>

## ENCHANTED LANTERN

PLEASE CHECK AN EMBLEM TYPE:

**EMBLEM:** Contribution Amount: \$ \_\_\_\_  
\_\_\_\_ EL/DOM Pin - \$50.00  
\_\_\_\_ Screw Post - \$50.00  
\_\_\_\_ Pin Type - \$50.00  
\_\_\_\_ Charm - \$50.00  
\_\_\_\_ Tab number - \$50.00  
\_\_\_\_ Tie Tac - \$50.00  
\_\_\_\_ Tie Tac with Chain: \$50.00  
\_\_\_\_ Cuff links - \$110.00

Date: \_\_\_\_\_ Grotto/DoM to Credit: \_\_\_\_\_

\_\_\_\_ Name on Certificate

\_\_\_\_ Your Phone Number

\_\_\_\_ Address City State Zip Code

\_\_\_\_ Your Email

\_\_\_\_ Special Wording on the Certificate

### Credit Card Payment Information

\_\_\_\_ Visa \_\_\_\_ MC \_\_\_\_ AMEX \_\_\_\_ Discover

Card Number: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV

#: \_\_\_\_\_

Street

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

Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Email Receipt:  Yes  No

Make checks payable to **Humanitarian Foundation**

Email us at [hf@hfgrotto.org](mailto:hf@hfgrotto.org)

## FAIRCHILD SOCIETY

PLEASE CHECK A LEVEL:

**EMBLEM:** Contribution Amount: \$ \_\_\_\_  
\_\_\_\_ Monarch Circle (\$250.00)  
\_\_\_\_ Grand Monarch Circle (\$500.00)  
\_\_\_\_ Fairchild Silver Level (\$1,000.00)  
\_\_\_\_ Fairchild Emerald Level (\$2,500.00)  
\_\_\_\_ Fairchild Gold Level (\$5,000.00)  
\_\_\_\_ Fairchild Platinum Level (\$10,000.00)  
\_\_\_\_ Fairchild Sapphire Level (\$15,000.00)  
\_\_\_\_ Fairchild Amber Level (\$20,000.00)  
\_\_\_\_ Fairchild Ruby Level (\$25,000.00)  
\_\_\_\_ Fairchild Diamond Level (\$35,000.00)  
\_\_\_\_ Fairchild Double Diamond Level (\$50,000.00)  
\_\_\_\_ Fairchild Triple Diamond Level (\$60,000.00)  
\_\_\_\_ Autopay (You will be contacted for details)  
\_\_\_\_ Add to current level

Date: \_\_\_\_\_ Grotto/DoM to Credit: \_\_\_\_\_

\_\_\_\_ Name on Certificate

\_\_\_\_ Your Phone Number

\_\_\_\_ Address City State Zip Code

\_\_\_\_ Your Email

\_\_\_\_ Special Wording on the Certificate

### Credit Card Payment Information

\_\_\_\_ Visa \_\_\_\_ MC \_\_\_\_ AMEX \_\_\_\_ Discover

Card Number: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV

#: \_\_\_\_\_

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

Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Email Receipt:  Yes  No

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