

The Alabama-West Florida United Methodist Development Fund, Inc.

Post Office Box 8066, Dothan, AL 36304
Phone: 334-793-6820 Fax: 334-794-6480
Email: foundation@alwfumf.org website: alwfumf.org

SUBSCRIPTION FORM FOR CERTIFICATES OF PARTICIPATION

(For **Churches & Organizations** of The Alabama-West Florida Conference of the United Methodist Church)

We hereby make application for investment in the Alabama-West Florida United Methodist Development Fund.

Amount: \$ _____

We certify we have received a copy of the Offering Circular of the fund. The Certificate of Participation is to be issued in the following name:

Name: _____
(Please print the full legal name of the account as it is to appear on the Certificate.)

Federal Tax ID Number (if applicable): _____

Mailing Address: _____

City, State, Zip: _____

Telephone Number: _____ **Fax Number:** _____

Email Address: _____

Please designate the preferred method to receive quarterly statements:
Regular Mail _____ *E-Mail* _____

If statements are to be sent to others in addition to above, please attach a list with above information for each.

INTEREST is to be **PAID** by check the last day of each quarter or **REINVESTED**. (Please select one)

Signed: _____ **Date:** _____

Title: _____

Signed: _____ **Date:** _____

Title: _____

Check requests must be signed by _____ **of the following person(s) (please include title):** _____

Persons Authorized to make inquiries only: _____

Make All Checks Payable to: The Alabama-West Florida United Methodist Development Fund

* Attach applicable minutes and/or resolutions to this application.