



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

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

Amount: \$ _____ (\$100.00 minimum)

I/We certify that I/we have received a copy of the Offering Circular of the fund, and that I/we are members of The United Methodist Church. The Certificate of Participation is to be issued in the following name(s):

Name: _____	SSN: _____
Please print name as it is to appear on the Certificate.	
**and _____	SSN: _____
Please print the name of the joint tenant as it is to appear on the Certificate.	
**and _____	SSN: _____
Please print the name of the joint tenant as it is to appear on the Certificate.	
Mailing Address: _____	
City, State, Zip: _____	
Telephone Number: _____	Fax Number: _____
Email Address: _____	

Preferred method of receiving quarterly statements: US Mail E-mail

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

Signed: _____ **Date:** _____

Signed: _____ **Date:** _____

Signed: _____ **Date:** _____

If any persons other than those above are authorized to make inquiries regarding this account, list them here:

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

** Certificates of Participation may be issued in two or three names as "Joins Tenants with Right of Survivorship".