

Post Office Box 8066, Dothan, AL 36304 Phone: 334-793-6820 Fax: 334-794-6480 Email: <u>foundation@alwfumf.org</u> 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 a United Methodist or a historically Wesleyan 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 "Joints Tenants with Right of Survivorship".