



SEVENTH-DAY ADVENTIST CHURCH IN CANADA
ÉGLISE ADVENTISTE DU SEPTIÈME JOUR AU CANADA

REVOLVING FUND APPLICATION

The accompanying form is for your convenience in opening an account with the Revolving Fund. Please feel free to contact us if you have any further questions at 905-433-0011

Enclosed is \$_____ to be deposited in the Revolving Fund.*

Interest paid to me OR
Interest to be added to the principal.

Name: _____

Address: _____

City: _____ Prov/State: _____

Postal/Zip Code: _____

Telephone Number: _____

Social Insurance Number: _____

OR

Social Security Number: _____

(For Income Tax Purposes)

Signature: _____

Date (D/M/Y): _____

*Revolving Fund Agreement & Declaration of Trust forms will be sent to you upon receipt of your cheque and this form.

PLEASE SIGN THIS FORM AND MAIL WITH YOUR CHEQUE TO THE
ADDRESS BELOW:

Seventh-day Adventist Church in Canada
Attention: Revolving Fund
1148 King St. E.
Oshawa, ON L1H 1H8