



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, but this is not an official agreement form. 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: _____

This is an institution of the Seventh-day
Adventist Church in Canada

Address: _____

City: _____ Prov/State: _____

Postal/Zip Code: _____

Telephone Number: _____

Social Insurance Number: _____
(For Income Tax Purposes)

Please call the office at 905-433-0011 and ask for Girly Quiambao before sending funds to the revolving fund. This applies to New or Existing depositor/s. Thank you.

Signature: _____

Date (D/M/Y): _____

***Revolving Fund Agreement form 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