

**LUTHERAN CHURCH-CANADA, CENTRAL DISTRICT
CHURCH EXTENSION FUND**

3074 Portage Avenue, Winnipeg MB R3K 0Y2

**CONGREGATION PROMISSORY NOTE
APPLICATION**

For our Offering Circular, current interest rates, or if you have any questions, call 1-800-ONE-LORD or consult our Web site at www.lcccentral.ca

Section 1

Term Note, Fixed Rate

Opening Amount (min \$100)...\$ _____

1 Year 2 Year 3 Year 4 Year 5 Year

Zero Interest Option

Interest Payment Option:

Compound Interest Annual Interest by Cheque

Make cheque payable to: Lutheran Church-Canada, Central District Church Extension Fund

Promissory Note Ownership: (please print)

Name of Congregation (Organization)

Street

City, Province,

Postal Code Telephone _____

Fax _____ E-mail _____

Section 2

Mailing Address: (if different from above)

Attention or c/o

Address

City, Province, Postal Code

Section 3

Signature Authorization:

Check one box. If unmarked, it will be assumed that only **one** individual signature is required.

One individual person's signature as authorization in cheque writing and/or other transactions.

Any two person's signatures as authorization in cheque writing and or other transactions.

Section 5

Certification: ("P" refers to all applicants, whether one or more.) By signing this application, I certify that:

- All information provided is true and correct.
- I have received a current Offering Circular of the Lutheran Church-Canada, Central District Church Extension Fund.
- Prior to receipt of the Offering Circular, I was a member of, contributor to, or a participant in the Lutheran Church-Canada, Central District or other program activity or organization which constitutes a part of the Central District,
- I have read and agree with the Privacy Protection Pledge, and with the form of Promissory Note and the Terms and Conditions related thereto, forming part of the Offering Circular.

Section 4

CEF must have updated signatures at all times.

Name (Please print) Title

Street

City Province

Postal Code Phone _____

Date of Birth

Signature X _____

Name (Please print) Title

Street

City, Province

Postal Code Phone _____

Date of Birth

Signature X _____
