



Crescent Lake Bible Camp Investment Fund Application

Name _____

Address _____

City _____ State _____ Zip _____

Phone number (____) _____ E-mail address _____

Social Security # _____

Amount of Investment* _____ Today's Date _____

Term 2 year 3 year 4 year 5 year Preferred Interest Rate _____

Beneficiary Designation:

Payable On Death To _____

Address _____

City _____ State _____ Zip _____

Applicant's Signature _____ Date _____

*Please attach your check for the amount of your investment to this application.
The note will be sent upon receipt of this application.