



**FOUR
BANDS
COMMUNITY
FUND, INC.**



101 S. Main Street
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Eagle Butte, SD 57625

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www.fourbands.org

Four Bands Community Fund is an equal opportunity provider, employer, and lender.

INVESTMENT APPLICATION

INVESTOR CONTACT INFORMATION	
NAME	SOCIAL SECURITY NUMBER
PHYSICAL ADDRESS	CITY, STATE, ZIP
MAILING ADDRESS (IF DIFFERENT THAN ABOVE)	CITY, STATE, ZIP
PHONE NUMBER	EMAIL

DESIRED INVESTMENT TERMS AND RATES	
INVESTMENT AMOUNT (MINIMUM \$5,000)	INTEREST RATE (BETWEEN 0% - 3%)
\$	%
INTEREST PAYMENT SCHEDULE. PLEASE INDICATE HOW OFTEN YOU WOULD LIKE TO RECEIVE INTEREST PAYMENTS.	
<input type="checkbox"/> Annually <input type="checkbox"/> Upon maturity of investment. <input type="checkbox"/> Not applicable. I would like a 0% interest rate.	
PLEASE INDICATE HOW YOU PREFER TO RECEIVE YOUR INTEREST PAYMENT.	
<input type="checkbox"/> Send check by mail. <input type="checkbox"/> Donate interest to Four Bands Community Fund. <input type="checkbox"/> Not applicable. I would like to have a 0% interest rate.	

Investor Acknowledgement

I hereby declare my intent to invest in Four Bands Community Fund at the desired amount, rates, and terms indicated above for the purpose of supporting its mission. I understand that this form does not constitute a legal binding agreement between Four Bands Community Fund and me. Upon acceptance of this application and receipt of my investment, Four Bands Community Fund will issue a promissory note that will serve as our full investment agreement.

Signature

Date

Name (printed)