



INVESTMENT APPLICATION

For questions regarding this application or to submit a completed application, please contact Lakota Vogel at (605) 964-3687 or lakota@fourbands.org.

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 RATES AND TERMS		
INVESTMENT AMOUNT (MINIMUM \$50,000)	INTEREST RATE (BETWEEN 0% - 3%)	TERM (3 - 30 YEARS, 10 YEARS PREFERRED)
\$		
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 PAYMENTS AND RETURN OF PRINCIPAL.		
<input type="checkbox"/> ACH	<input type="checkbox"/> Check payment by mail	<input type="checkbox"/> Donate interest to Four Bands Community Fund.

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)