

Capital for Communities Fund Investment Application

I have carefully read the attached Prospectus, and would like to invest \$_____ in the Capital for Communities Fund (\$100 minimum). I would like to apply the following terms to my investment, based on the following tables:

Investment Options	3 Years	5 Years	7 Years
\$100 - \$9,999	0% to 0.5%	0% to 1%	0% to 1.5%
\$10,000 - \$49,999	0% to 1.5%	0% to 2%	0% to 2.5%
\$50,000 +	0% to 2.5%	0% to 3%	0% to 3.5%

I chose a term of:	<input type="checkbox"/> 3 years	<input type="checkbox"/> 5 years	<input type="checkbox"/> 7 years
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Please note the size of your investment and chosen term affects the maximum interest rate available.

I choose an interest rate of:	<input type="checkbox"/> 0% <input type="checkbox"/> 0.5% <input type="checkbox"/> 1% <input type="checkbox"/> 1.5% <input type="checkbox"/> 2% <input type="checkbox"/> 2.5% <input type="checkbox"/> 3% <input type="checkbox"/> 3.5%
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I want to make a donation to Working Capital for Community Needs, Inc. Enclosed is my tax-deductible gift of \$_____ (\$50 suggested). Donations and investments can be made with the same payment.

I learned about the Capital for Communities Fund through:

Individual or Institutional Investor:

Mr. Ms. Mrs. Dr. Other _____

First M.I. Last

_____/____/____
Social Security or Tax ID Number Date of Birth
(Used to report tax liability)

Organization Name (if applicable)

Address

City State ZIP

Home Phone Business Phone

E-mail

Joint Investor or Institutional Officer: (if applicable)

Mr. Ms. Mrs. Dr.

First M.I. Last

_____/____/____
Social Security or Tax ID Number Date of Birth

Trust:

Trust Name (if applicable),

Individual, Officer, or Trustee

Payment: My preferred method of *receiving* payments of interest and principal is: Check ACH. If ACH, please fill out the following:

Bank Account Number

Routing Number

- Please add my interest automatically to my investment as principal during my investment term. I understand I will not receive interest payments during my investment term. (\$100 minimum)
- Please donate my interest automatically during my investment term. I understand I will not receive interest payments during my investment term (but will receive a tax deduction).

To the best of my knowledge everything contained within this application is true and accurate. I have read the most recent Prospectus and understand the risks inherent in this investment.

Signature

Date

Please print this form. If you have any questions while filling out this form, please contact us 608-257-7230.

Please make checks payable to **WCCN** or schedule an ACH payment using the following info:

Routing: 075911988
Account: 6757187544

To initiate purchase of a Note, complete and return the investment application found on the reverse with your payment to:

Working Capital for Community Needs, Inc. (WCCN)
211 S. Paterson St., Suite 260
Madison, WI 53703

For information on the Capital for Communities Fund, purchasing a Note, or service for existing accounts:

Working Capital for Community Needs, Inc. (WCCN)
608-257-7230
info@wccn.org
www.wccn.org