



Capital for Communities Fund

Investment Application

I have received the Capital for Communities Fund 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	1 Year	3 Years	5 Years	I choose an interest rate of:		
\$100 - \$2 million	0% to 2%	0% to 3%	0% to 4%	<input type="checkbox"/> 0%	<input type="checkbox"/> 0.5%	<input type="checkbox"/> 1%
I choose a term of:	1 Year	3 Years	5 Years	<input type="checkbox"/> 1.5%	<input type="checkbox"/> 2%	<input type="checkbox"/> 2.5%
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 3%	<input type="checkbox"/> 3.5%	<input type="checkbox"/> 4%

Please note the size of your investment and chosen term affects the maximum interest rate available.

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 / / Organization Name (if applicable)
(Used to report tax liability)

 Address City State ZIP

 Home Phone Business Phone E-mail Address

Joint Investor or Institutional Investor: Mr. Ms. Mrs. Dr. Other

First M.I. Last

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

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.

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

