



LEVITICUS FUND

Faith Capital For Building Communities

**Community Development
Investment Program**

**Associate Investor Application
(Organization)**

**We are interested in participating in the mission of the Leviticus Fund.
Enclosed please find our check as a loan.**

Date	
Name of Organization	
First Contact	Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____ Email: _____
Second Contact	Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____ Email: _____
E-mail	We request email addresses to communicate about your investment and to share updates on our lending in our quarterly e-newsletters. Your information is never shared with a third party.
Enter Amount of Loan	Minimum of \$1,000 _____
Enter Term of Loan	Minimum of 1 year _____
Interest Rate Paid annually	2% interest, received annually by check _____ 0% interest (Interest donated to the Fund) _____ I wish to capitalize the interest. _____

Upon receipt of your check, the Leviticus Fund will send you a Loan Agreement and Promissory Note.

For additional information, please contact:

220 White Plains Road, Suite 125, Tarrytown, NY 10591

(P) 914-909-4422 Visit our website: www.leviticusfund.org