LCG Community Trust III Deposit Coupons

January

Beneficiary:	Representative:	Office Use Only: Date Received:_____. Processed By:_____.

Account #:	Surplus Amount	Amount Enclosed	Check #

Please make your check or money order payable to **LCG Community Trust** and remit this coupon with your deposit to: **LCG Community Trust, 5614 16th Avenue, Brooklyn, NY 11204**

LCG Community Trust III Deposit Coupons

February

Beneficiary:	Representative:	Office Use Only: Date Received:_____. Processed By:_____.

Account #:	Surplus Amount	Amount Enclosed	Check #

Please make your check or money order payable to **LCG Community Trust** and remit this coupon with your deposit to: **LCG Community Trust, 5614 16th Avenue, Brooklyn, NY 11204**

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March

Beneficiary:	Representative:	Office Use Only: Date Received:_____. Processed By:_____.

Account #:	Surplus Amount	Amount Enclosed	Check #

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April

Beneficiary:	Representative:	Office Use Only: Date Received:_____. Processed By:_____.

Account #:	Surplus Amount	Amount Enclosed	Check #

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May

Beneficiary:	Representative:	Office Use Only: Date Received:_____. Processed By:_____.

Account #:	Surplus Amount	Amount Enclosed	Check #

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June

Beneficiary:	Representative:	Office Use Only: Date Received:_____. Processed By:_____.

Account #:	Surplus Amount	Amount Enclosed	Check #

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July

Beneficiary:	Representative:	Office Use Only: Date Received:_____. Processed By:_____.

Account #:	Surplus Amount	Amount Enclosed	Check #

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August

Beneficiary:	Representative:	Office Use Only: Date Received:_____. Processed By:_____.

Account #:	Surplus Amount	Amount Enclosed	Check #

Please make your check or money order payable to **LCG Community Trust** and remit this coupon with your deposit to: **LCG Community Trust, 5614 16th Avenue, Brooklyn, NY 11204**

LCG Community Trust III Deposit Coupons

September

Beneficiary:	Representative:	Office Use Only: Date Received:_____. Processed By:_____.

Account #:	Surplus Amount	Amount Enclosed	Check #

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LCG Community Trust III Deposit Coupons

October

Beneficiary:	Representative:	Office Use Only: Date Received:_____. Processed By:_____.

Account #:	Surplus Amount	Amount Enclosed	Check #

Please make your check or money order payable to **LCG Community Trust** and remit this coupon with your deposit to: **LCG Community Trust, 5614 16th Avenue, Brooklyn, NY 11204**

LCG Community Trust III Deposit Coupons

November

Beneficiary:	Representative:	Office Use Only: Date Received:_____. Processed By:_____.

Account #:	Surplus Amount	Amount Enclosed	Check #

Please make your check or money order payable to **LCG Community Trust** and remit this coupon with your deposit to: **LCG Community Trust, 5614 16th Avenue, Brooklyn, NY 11204**

LCG Community Trust III Deposit Coupons

December

Beneficiary:	Representative:	Office Use Only: Date Received:_____. Processed By:_____.

Account #:	Surplus Amount	Amount Enclosed	Check #

Please make your check or money order payable to **LCG Community Trust** and remit this coupon with your deposit to: **LCG Community Trust, 5614 16th Avenue, Brooklyn, NY 11204**