

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 #

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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:
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Processed By: _____

Account #:	Surplus Amount

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May

Beneficiary:

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June

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Account #:	Surplus Amount

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July

Beneficiary:

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Account #:	Surplus Amount

Amount Enclosed	Check #

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August

Beneficiary:

Representative:

Office Use Only:
Date Received: _____
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Account #:	Surplus Amount

Amount Enclosed	Check #

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September

Beneficiary:

Representative:

Office Use Only:
Date Received: _____
Processed By: _____

Account #:	Surplus Amount

Amount Enclosed	Check #

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October

Beneficiary:

Representative:

Office Use Only:
Date Received: _____
Processed By: _____

Account #:	Surplus Amount

Amount Enclosed	Check #

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November

Beneficiary:

Representative:

Office Use Only:
Date Received: _____
Processed By: _____

Account #:	Surplus Amount

Amount Enclosed	Check #

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December

Beneficiary:

Representative:

Office Use Only:
Date Received: _____
Processed By: _____

Account #:	Surplus Amount

Amount Enclosed	Check #

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