

Below you fill the enrollment cards for the Minister's Widows Fund and the Surviving Minister's Fund. If you wish to enroll in both Funds complete each card and enclose a check for \$30.00. The enrollments should be mailed to:

FWB Minister's Program
PO Box 39
Ayden, NC 28513

MINISTERS WIDOWS FUND ENROLLMENT CARD

Name _____ Date of Birth _____

Address _____ City _____ Zip _____

Wife's Name _____

Conference _____

Signature _____ Date _____

enrollment \$15

Make checks payable to FWB Minister's Program.
Return to ***FWB Minister's Program*** P O Box 39 Ayden NC 28513

SURVIVING MINISTERS FUND

Wife's Name _____ Date of Birth _____

Address _____ City _____ Zip _____

Minister's Name _____ Date of Birth _____

Conference _____

Minister's Signature _____ Date _____

enrollment \$15

Make checks payable to FWB Minister's Program.
Return to ***FWB Minister's Program*** P O Box 39 Ayden NC 28513