PERSONAL INFORMATION



STEP 1: Customer Information

| First | Initial | Last | | | | Date of Birth |
|-------------------|---------------------|------------|---------------|--------------------------|--------------------|-----------------|
| | | | | ☐ This is a name change* | | |
| Social Security N | umber | | | | 2 | |
| | | | | | | |
| How do you ident | ify your ethnicity? | Asian | Black/African | Caucasian | Hispanic/Latino | Native American |
| | | Pacific Is | landor 🗌 | | Prefer not to answ | |

STEP 2: Contact Information

| Address | |
|------------|------------------------|
| City | State Zip |
| Home Phone | Cell Phone |
| E-mail | This is a new address. |

STEP 3: Member Congregation Your Home Congregation City Credit Supporting Investment to (if different from your congregation) City Step 2: Supporting Investment to credit the above listed congregation City

STEP 4: Authorization

Signature Date

Instructions

• *If you are reporting a name change, attach a photocopy of your identification, such as a Driver License, Social Security card, or passport.

• You must complete the entire form.

Through investments from Texas District LCMS congregations and their members, Church Extension Fund will be the preferred financial resources partner for district ministries focused on multiplying followers of Jesus.