

EQUITY TRUST, INC.

P.O. Box 746
Amherst, MA 01004
Phone (413) 256-6161
etf@equitytrust.org

EQUITY TRUST FUND: LOAN OFFER

[Note: You may use this form to indicate your interest in making a loan to the Equity Trust Fund. The information requested below will enable us to draft a Loan Agreement for your review. If you prefer, or have questions, you may also telephone us at (413) 256-6161 to discuss the terms of your loan.]

Please Print

Lender(s):

Name(s) for legal documents _____

Legal address (street) _____

(city/state/zip) _____

Mailing address _____
(if different) _____

Telephone (home) _____ (work) _____

Email _____

Taxpayer ID (Social Security Number) _____

Agent (if any):

Name _____

Address _____

Telephone _____

Email _____

(over)

Loan Terms:

I would like to loan the Equity Trust Fund \$ _____ ,
for _____ years,
at an interest rate of _____ %.

I would like my interest (if any):

_____ Paid by check to me annually.
or _____ Donated to Equity Trust to support its charitable mission.

Preferences _____ or Conditions _____ on use of funds:

Other Provisions (if any):
