

SUDAN WIDOW'S FUND

_____, 20____

Please enter my name as a contributor to this fund. I agree to be governed by the By-Laws of the fund and make all contributions within thirty days after mailing notice, or forfeit my contributions. I agree to pay \$1.10 upon each death when called for to replenish the fund. So far as I know I am in good health, and my age is

_____ years, having been born _____, 19____

At my death pay gratuity to _____
(Full Name)

The person named is my _____

(If not a relative state dependency and address)

Yours in the faith,
(Full Name) _____

Address _____

Zip Code _____