



LUSP Trust

365 Route 304, Suite 204, Bardonia, NY 10954
Tel 845-367-7625 • Fax 845-501-4153
www.lusptrust.org • general@lusptrust.org



LUMP SUM DEPOSIT FORM – *Fully complete form, print clearly and return with deposit to address above.*

Name _____ Last 4 digits of SSN _____ Date of Birth ____ / ____ / ____

I wish to make a **lump sum contribution** of \$ _____ (minimum is \$500.00).*

*Make check payable to **LUSP Trust**

Signature of Member _____ Date ____ / ____ / ____



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