

Historical Muscogee (Creek) Indian Church Christmas Funds

MCNCA (Title 5 §2-112)

Name of Church: _____

Address or P.O. Box: _____

Phone Number (Cell): _____

Email (if applicable): _____

Year Church was established: _____

Pastor: _____

(If there is no Pastor, please give Deacon Name)

Address or P.O. Box: _____

Phone Number: (Cell) _____

Email (if applicable): _____

Authorized Representative: _____

Address or P.O. Box: _____

Phone Number: (Cell) _____

Email (if applicable): _____

MAIL CHECK PAYABLE IN THE AMOUNT OF \$1,000.00 TO: (check one)

Church

Pastor/Deacon

Authorized Person

Office Use Only:

Approved Date: _____ Approved Amount: _____

FUNDS TO BE TAKEN FROM ACCOUNT # T-1100-00-99-600000-000-0000-60991