

# 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 \$500.00 TO: (check one)**

Church

Pastor/Deacon

Authorized Person

**Office Use Only:**

Approved Date: \_\_\_\_\_ Approved Amount: \_\_\_\_\_

**FUNDS TO BE TAKEN FROM ACCOUNT # T-1100-00-99-600000-000-0000-60990**