CLEAR CREEK
COMMUNITY CHURCH

CARE AND SUPPORT CHECK REQUEST

☐ Make Check Payable To _____ Date _____

☐ Visa Charge

Address _____ Amount _____

Description (use of funds) _____

Acct # (6 Digits)	Account Description	Amount		Acct # (6 Digits)	Account Description	Amount
				705100	PIN Expenses	

********** OFFICE USE ONLY **********

Form Completed By _____ Approved By _____

Hold for Pickup By _____ Approved By _____