

**MILITARY FAMILIES SUPPORT MINISTRIES CONGREGATION  
POINTS OF CONTACT INFORMATION**

**Name of Congregation:**

\_\_\_\_\_

**Congregation Address:** \_\_\_\_\_

\_\_\_\_\_

**Clergy Name:**

\_\_\_\_\_

**Clergy Contact Information:**

**Office Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Work Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Cell Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**E-Mail:** \_\_\_\_\_@\_\_\_\_\_

**Point of Contact Name:** \_\_\_\_\_

**Point of Contact Info:**

**Office Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Work Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Cell Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**E-Mail:** \_\_\_\_\_@\_\_\_\_\_

**Please complete this form and return to CH (MAJ) Michael Crawford at :**

**[michael.v.crawford@us.army.mil](mailto:michael.v.crawford@us.army.mil) or mail to: Chaplain's Office**

**2d BCT, 700 CPL Roger Snedden Dr, Boone, IA 50036-5411.**

**Keep a copy for you congregational records. Submit changes to this information as soon as possible to the address provided.**