TREATY SIX
Mail: Sweetgrass First Nation
P.O. Box 147 Gallivan, SK
S0M 0X0
Phone: 306-937-2990 Fax: 306-937-7010
Email: reception@sweetgrassfirstnation.ca

AUTHORIZATION FORM:

FOR RELEASE OF SWEETGRASS FIRST NATION 2024 CHRISTMAS PER-CAPITA DISTRIBUTION!

I, _____ am a registered member of Sweetgrass First Nation.

My Treaty Status Number is __ __ __ __ __ __ __ __ __ __.

I authorize _____ to pick up my cheque for the 2024 Christmas PCD.

_____ _____ _____
Name (Please Print) Signature Date

_____ _____ _____
Witness Name (Please Print) Signature Date