

2017 SAINT CATHERINE GREEK ORTHODOX CHURCH CONFIDENTIAL STEWARDSHIP FORM

Please fill out and return this form to the Parish office at your earliest convenience:

Family Name: _____ Home Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address(es): _____

In gratitude for God's blessings I/we make the following commitment to the ministries of the Church:

(\$600=\$11.53 weekly) (\$780=\$15 weekly) (\$1040=\$20 weekly) (\$2600=\$50 weekly)

Other _____

I will offer my stewardship with the marked acceptable form of Payment:

Check: ___ Cash: ___ Credit Card: ___ Debit Card: ___ Direct Online Bill Payment: ___

If using a credit card please fill out or call the Church Office the following information:

Name: _____ Account #: _____

Exp. Date: _____ Security -3 digit #: _____ Type of Card: MasterCard ___ / Visa ___

Date of First Billing: _____

Please bill my credit card: monthly _____ quarterly _____ bi-annually _____ yearly _____

SAINT CATHERINE GREEK ORTHODOX CHURCH CONFIDENTIAL FAMILY INFORMATION FORM

	Husband	Wife	Children and/or Parents / Age
Name:	_____	_____	_____/____
Cell #:	_____	_____	_____/____
Occupation:	_____	_____	_____/____
Additional			
E-mail:	_____	_____	_____/____

Please indicate what ministries and /or other areas you or a member of your family has interest

(e.g., Greek School; Sunday school; Bible study ...).

Please check indicate what areas you or a member of your family has expertise and may be willing to contribute such expertise to St Catherine's (e.g., Facilities management; Electrical, Plumbing, Legal).

