



METROPOLIS OF
SAN FRANCISCO



Saint John the Baptist Greek Orthodox Church

405 N Dale Street, Anaheim, CA 92801

2017 STEWARDSHIP FORM

Name: _____

Children's Names: _____ Birth date: _____ Age: _____

Spouse: _____

Address: _____

City: _____

State: _____ Zip: _____

Contact Info:

*Preferred Email: _____

Main Contact Number: _____

Cell Phone: _____

Spouse Info:

*Preferred Email: _____

Main Contact Number: _____

Cell Phone: _____

If one spouse is not of the Orthodox Faith, please specify:

In Gratitude for God's Blessings, I/we pledge to contribute for Christ's work at St John the Baptist-Anaheim for 2017 sharing in the joy of supporting the community.

SIGNATURE: _____

2017 PLEDGE AMOUNT \$ _____

If donating by credit card, please choose _____ Visa _____ MasterCard _____ Discover _____ Amex

*Recurring month credit card payments are made on the 20th of the month

Number _____ Expiration Date _____ CVV _____

Stewardship payments will be made: _____ Weekly _____ Monthly _____ Semi-Annually _____ Annually

In order to be environmentally friendly, I/we would like

_____ Pledge Envelopes NOT to be mailed to my home

_____ *Monthly Vineyard emailed to the above email addresses only