

## The Annunciation Greek Orthodox Church Annual Stewardship Commitment Card 2020

**Give stewardship:** For 2020, I/we will contribute \$ \_\_\_\_\_ to the stewardship campaign.

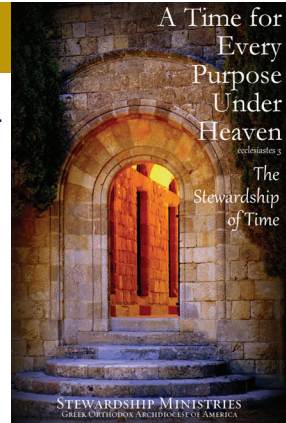
Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

To be paid:  Weekly  Monthly  Quarterly  Annually

Preferred method of payment:  Electronic funds (EFT)  Credit Card  Check

Cash  Dayton Foundation



**Give time and talent:** Please check and write the name of the family member next to areas of interest:

- |  |   |
|--|---|
| <input type="checkbox"/> Bible study _____           | <input type="checkbox"/> Choir _____                        |
| <input type="checkbox"/> Cooking/Baking _____        | <input type="checkbox"/> Computers _____                    |
| <input type="checkbox"/> Construction _____          | <input type="checkbox"/> Festivals/Booths _____             |
| <input type="checkbox"/> Gardening _____             | <input type="checkbox"/> Finance/Accounting _____           |
| <input type="checkbox"/> Legal _____                 | <input type="checkbox"/> Marketing _____                    |
| <input type="checkbox"/> Mechanical/Plumbing _____   | <input type="checkbox"/> Stewardship _____                  |
| <input type="checkbox"/> Office work _____           | <input type="checkbox"/> Teaching Sunday/Greek School _____ |
| <input type="checkbox"/> Visiting Elderly/Sick _____ | <input type="checkbox"/> Youth work _____                   |
| <input type="checkbox"/> Other: _____                |   |

### Please fill out the following information for our records

	Orthodox Christian?	Date of birth:	Email:	Cell phone:
Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Spouse:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Child:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Child:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Child:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Child:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Child:	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_