



HOLY TRINITY GREEK ORTHODOX CHURCH **2024 CHRISTIAN STEWARDSHIP PROGRAM**

In gratitude for God's blessings,

I / We _____ offer to Christ and His Church the following:

Total Amount \$ _____ for 2024*

*(*This only needs to be an estimate for your personal planning and our overall projections.)*

I/We plan to contribute toward Stewardship (check one):

Weekly
 Monthly
 Quarterly
 Semi-Annually
 Annually

(In addition to checks, consider using automated payments through your bank, or pay online at www.holytrinitygoc.com), noting "2024 Stewardship" with your payment.

2024 STEWARD INFORMATION (Please Print)

Name: _____	<u>Dependent Children's Names & Birthdates</u>
Name of Spouse _____	_____
Street Address _____	_____
City, State, Zip: _____	_____
Home Phone _____	_____
Mobile Phone _____	_____
Mobile Phone of Spouse _____	_____
E-Mail Address _____	_____
E-Mail Address of Spouse _____	_____

Holy Trinity Greek Orthodox Church, 2940 County Road 214, Saint Augustine, FL 32084

Ph: 904/829-0504 E-mail: holy3goc@gmail.com