

## 2017 Stewardship Pledge (Jan to Dec 2017)

*"Those that see the Lord shall never be in want of any good thing."*

*Please bring this card to church, return by mail, or email (office@stbasiloc.org)*

### Steward Information

Full Name: \_\_\_\_\_  
Last First Names of Family Members

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code

Home Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

### 2017 Stewardship Pledge

In gratitude for God's blessings, I/We make the following commitment to St.Basil Greek Orthodox Church for 2017:

**Monthly Pledge**  \$250  \$375  \$500  Other \$ \_\_\_\_\_ Signature: \_\_\_\_\_

*We are thankful and appreciative for any amount you are able to offer!*

### Payment Information

**CHECK:** Made out to St.Basil Greek Orthodox Church

**PAYPAL:** <http://www.stbasiloc.org/stewardship/>  
CREDIT CARD or DIRECT BANK WITHDRAWAL

**CREDIT CARD:** Monthly ( ) or One-time Commitment ( ) Other ( )

CREDIT CARD TYPE: \_\_\_\_\_ CREDIT CARD # \_\_\_\_\_ CODE#: \_\_\_\_\_ (AMEX 4 & 3 digit)

EXPIRATION DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ BILLING ADDRESS: \_\_\_\_\_

NAME (as it appears on card): \_\_\_\_\_

SIGNATURE

DATE

### FOR OFFICE USE ONLY

Stewardship #:

Amount\$:

Date Entered:

ST.BASIL GREEK ORTHODOX CHURCH, 27129 CALLE ARROYO, SUITE 1803, SAN JUAN CAPISTRANO, CA 92675

Thank you for your support of our ministries and growth!