

**ST. GEORGE GREEK ORTHODOX CHURCH
2024 STEWARDSHIP COMMITMENT FORM**

Last Name _____ Are you a new member to St. George Yes ___ No ___

First Name _____ Orthodox: Yes ___ No ___

Cell Phone # [] _____ e-mail

address _____

Occupation

First Name _____ Orthodox: Yes ___ No ___

Cell Phone # [] _____ e-mail

address _____

Occupation

Street Address _____ Home Phone # [] _____

City _____ State _____ Zip _____

Additional Information:

Birthdates (please include Children's names and birthdates)

Anniversary

Given Name Day

Please advise of any additional information that you would like the church to be aware of i.e. allergies, medical conditions etc.

Please advise the Church Office if you move or change your telephone or cell number. Thank you.

**THANK YOU FOR YOUR SUPPORT OF OUR ST. GEORGE GREEK
ORTHODOX CHURCH
God Bless You and Stay Safe**