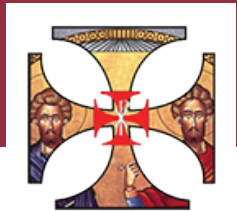


Support Holy Cross Philoptochos

2023 Membership Form



Annual Stewardship Amount (check all that apply)

☐ \$30 ☐ \$50 ☐ \$100 ☐ Other Amount \$ _____

☐ \$30 Sponsor a Member

Name(s) optional _____

Total Stewardship Amount \$ _____

Email _____ Mobile Phone _____

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Note: _____

Payment Details

☐ Cash ☐ Check ☐ Pay Online
Payable to Holy Cross Philoptochos * Processing fees may apply

☐ *Yes! Please contact me when you need help!*

Communication Preference (check all that apply)

Birth Date (Month/Day)

☐ Email ☐ Text ☐ Call

MM / DD