



ST. NICHOLAS GREEK ORTHODOX CATHEDRAL

ΕΛΛΗΝΙΚΟΣ ΟΡΘΟΔΟΞΟΣ ΚΑΘΕΔΡΙΚΟΣ ΝΑΟΣ ΑΓΙΟΥ ΝΙΚΟΛΑΟΥ

2026 Annual Stewardship Pledge

Mr/Mrs//Dr First Name: _____ Middle Initial: ____ Last Name: _____

Date of Birth: _____ Email Address: _____

Cell Phone: _____ Home Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

(Spouse) Mr/Mrs/Dr First Name: _____ Middle Initial: ____ Last Name: _____

Date of Birth: _____ Email Address: _____

Cell Phone: _____ Home Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

For children under 18 years of Age, please provide the following:

Name: _____ DOB: _____ Name: _____ DOB: _____

Name: _____ DOB: _____ Name: _____ DOB: _____

Name: _____ DOB: _____ Name: _____ DOB: _____

If over 18, then will need their own Stewardship Pledge Form.

2026 Stewardship Pledge

This year I/We pledge: \$ _____ (Stewardship pledge year begins Jan. 1, 2026 and ends Dec. 31, 2026)

I/We plan to give: (Pick One) Annually \$ _____ Quarterly \$ _____ Monthly \$ _____

Payment Type: Online ☐ Credit Card ☐ ACH ☐ Check ☐

We are grateful for any payment type but prefer ACH to avoid credit card fees.

ACH: Bank Name: _____ Checking ☐ Savings ☐ Routing #: _____ Acct #: _____

Name on Credit Card: _____ Card Number: _____

Exp Date: ____/____/____ 3-digit code: ____ Billing Address/Zip: _____

Signature: _____ Date: _____

For Office Use: Initials: _____ Date Received: _____ Date Entered: _____