



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.holytrinitystaugustine.org), noting "2024 Stewardship" with your payment.

2024 STEWARD INFORMATION (Please Print)

Name: _____

Dependent Children's Names & Birthdates

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