



# St. Philip Orthodox Church

## 2017 MEMBERSHIP & PLEDGE COMMITMENT FORM

Preferred Household Mailing Name (i.e. "John & Jane Doe" or "The Doe Family")

Street Address

Apt #/Suite

City State Zip Home Phone Number

### FAMILY MEMBERS

ADULT #1  Single  Married  Divorced  Widowed

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Wedding Anniversary (if married to adult 2): \_\_\_\_\_

ADULT #2  Single  Married  Divorced  Widowed

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*Please list all dependent children 17 & under and relatives living in your household.  
A person 18 or older should submit his/her own Membership & Pledge Commitment Form.*

DEPENDENT #1

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

DEPENDENT #2

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

DEPENDENT #3

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

DEPENDENT #4

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

# 2017 PLEDGE COMMITMENT

<b>CHOOSE ONE:</b>	WEEKLY	MONTHLY	QUARTERLY	ANNUALLY
Amount				
Frequency	<b>x 52</b>	<b>x 12</b>	<b>x 4</b>	<b>x 1</b>
TOTAL				

**Please make contribution checks payable to "St. Philip Orthodox Church". In memo line write "pledge".**

- I AM AWARE THAT A 10% OF PLEDGES, i.e. TITHE GOES TO THE ANTIOCHIAN ARCHDIOCESE WHICH HELPS SUPPORT MORE THAN 35 ARCHDIOCESEAN INITIATIVES.

Please check if this applies to you:

- I am unable to offer financial support, but wish to maintain an active St. Philip membership.
- I wish to commit my time to: \_\_\_\_\_
- I wish to donate online via PayPal and would like more information. (An extra fee will apply)
- I wish to receive Church envelopes every month.
- I wish to donate stock and would like more information regarding stock donations.
- I have remembered St. Philip in my last will and testament.

- I wish, above and beyond my pledge, to donate to one or all of the following 7 options:**

(Please designate \$ amount)

- |  |          |
|--|----------|
| 1) Youth Programs (Take our Youth on supervised trips) | \$ _____ |
| 2) Camp Scholarships (Send 10-17 yrs. old to Camp)     | \$ _____ |
| 3) The Needy Fund / Feed the Poor (Locally)            | \$ _____ |
| 4) Mission Work (Out of Country)                       | \$ _____ |
| 5) Love the new building! Let's pay down the Mortgage. | \$ _____ |
| 6) Fix the Old Hall and Repave Driveway                | \$ _____ |
| 7) Upgrade Items in the Altar (robes, icons, fans)     | \$ _____ |

\*\* Preferred month of the year I would like Father to visit me to bless my home \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>FOR CHURCH USE ONLY</b></p> <p style="text-align: right; margin-top: 20px;">Date Received _____</p>
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