St. Philip Orthodox Church 2017 MEMBERSHIP & PLEDGE COMMITMENT FORM

treet Address				Apt #/Suite
City		State	Zip	Home Phone Number
ADULT #1	() Single		MEMBERS () Divorced	() Widowed
Name:			_ Birthday:	
Email:			Cell Phone:	
Wedding Annive	ersary (if marrie	d to adult 2): _		
ADULT #2	() Single	() Married	() Divorced	() Widowed
Name:			Birthday:	
Please li	ist all dependent	children 17 & u	nder and relatives	living in your household. & Pledge Commitment For
Please li A person 18 DEPENDENT #1	ist all dependent 3 or older should	children 17 & u submit his/her	nder and relatives own Membership &	living in your household.
Please la A person 18 DEPENDENT #1 Name:	ist all dependent 3 or older should	children 17 & u submit his/her	nder and relatives own Membership & _ Birthday:	living in your household. & Pledge Commitment For
Please la A person 18 DEPENDENT #1 Name: Email:	ist all dependent 3 or older should -	children 17 & u submit his/her	nder and relatives own Membership & Birthday: Cell Phone:	living in your household. & Pledge Commitment For
Please In A person 18 DEPENDENT #1 Name: Email: DEPENDENT #2 Name:	ist all dependent 3 or older should	children 17 & u submit his/her	nder and relatives own Membership & Birthday: Cell Phone:	living in your household. & Pledge Commitment For
Please In A person 18 DEPENDENT #1 Name: Email: DEPENDENT #2 Name:	ist all dependent 3 or older should	children 17 & u submit his/her	nder and relatives own Membership & Birthday: Cell Phone:	living in your household. & Pledge Commitment For
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Please In A person 18 DEPENDENT #1 Name: Email: DEPENDENT #2 Name: Email: DEPENDENT #3 Name:	ist all dependent 3 or older should	children 17 & u submit his/her	nder and relatives own Membership & Birthday: Cell Phone: Birthday: Birthday: Cell Phone:	living in your household. & Pledge Commitment For
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Please In A person 18 DEPENDENT #1 Name: Email: DEPENDENT #2 Name: Email: DEPENDENT #3 Name: Email:	ist all dependent 3 or older should	children 17 & u submit his/her	nder and relatives own Membership & Birthday: Cell Phone: Cell Phone: Birthday: Cell Phone: Cell Phone:	living in your household.

2017 PLEDGE COMMITMENT

CHOOSE ONE:	WEEKLY	MONTHLY	QUARTERLY	ANNUALLY
Amount				
Frequency	x 52	x 12	x 4	x 1
TOTAL				

	Amount						
I	requency	x 52	x 12	x 4	x 1		
	TOTAL						
Pleas	e make contrib	ution checks payable t	o "St. Philip Orthodox	Church". In memo	line write "pledge".		
()		E THAT A 10% OF P ESE WHICH HELPS S	•				
<u>Pleas</u>	e 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 re	ceive Church envelop	es every month.				
()	I wish to do	nate stock and would	d like more informat	ion regarding sto	ck donations.		
()	I have reme	embered St. Philip in	my last will and test	ament.			
()		ve and beyond my p		one or all of the	following 7 options		
	-	Youth Programs (Tal	•	• •	S		
	•	Camp Scholarships (The Needy Fund / Fe	_		S		
	•	Mission Work (Out o	, ,	,	S		
	5)	Love the new building	ıg! Let's pay down th	ie Mortgage.	S		
	•	Fix the Old Hall and I	•	Ş	5		
	7)	Upgrade Items in the	Altar (robes, icons,	fans)	S		
** Pre	eferred month	of the year I would l	ike Father to visit m	e to bless my hom	e		
Signa	ture:			Date:			
_							
		r.c	OR CHIIRCH IISE OM	I V			
FOR CHURCH USE ONLY							

FOR CHURCH USE ONLY	
	Date Received