

SAINT NECTARIOS 2020 STEWARD INFORMATION

FOR OFFICE USE ONLY

STEWARDSHIP NUMBER

First Name _____ Last _____

Date of Birth _____ Name Day _____ Orthodox Yes No

Email _____ Home _____ Cell _____

Spouse's First Name _____ Last _____

Date of Birth _____ Name Day _____ Orthodox Yes No

Spouse's e-mail _____ Spouse's Cell _____

Home Address _____

City _____ State _____ Zip code _____

Marital Status:

Single Married Widowed Divorced Ecclesiastical Divorce: Yes No

Married in Orthodox Church? Yes No Date of Wedding _____

Church Married at _____
(Name) (City & State)

DEPENDENT FAMILY MEMBERS

Name	Date of Birth	Name Day	Baptized Orthodox?	
_____	_____	_____	YES	NO
_____	_____	_____	YES	NO
_____	_____	_____	YES	NO
_____	_____	_____	YES	NO
_____	_____	_____	YES	NO

STEWARDSHIP OF TIME & TALENT

Please indicate areas of interest with a check (✓) and your family member's name.

LITURGICAL

Altar Boys _____
 Guild _____
 Choir _____
 Myrophores _____
 Reader _____

MINISTRIES

Nectararians _____
 SNAP/Athletics _____
 Parea _____
 Parish Council _____
 Philoptochos _____
 Flower Ministry _____
 Outreach _____

EVENTS / ACTIVITIES

Glendi _____
 Smoker _____
 Social _____
 GreekFest _____
 Jr. Olympics _____
 Golf Outing _____

EDUCATION

Bible Study _____
 Sunday School _____
 Greek School _____
 Day School _____
 Dance Troupe _____

Stewardship _____
 Young Adult League _____
 Youth Ministries _____
 • Mommy & Me _____
 • HOPE & JOY _____
 • Jr. GOYA _____
 • GOYA _____

BUILDING & GROUNDS

Electrical _____
 Gardening _____
 Int/Ext Repairs _____
 Plumbing _____
 HVAC/
 Appliance _____

ADMINISTRATION

Computer/IT _____
 Office Help _____
 Legal _____

COMMENTS:

STEWARDSHIP OF TREASURE

When we give of our treasure, we give with joy and thanksgiving for what God has done for us.

Individual / Family Name: _____

In gratitude for God's blessings, I/we willingly pledge annual stewardship for the calendar year of 2020 to Christ and His Church of St. Nectaros in the amount of \$ _____

I'd like to make payments of \$ _____ **Monthly** **Quarterly** **Annually**

Credit Card Information

Name on card: _____ Billing Address for card: _____
 Credit Card Number _____
 Expiration Date _____ CVV Code _____

Method of Payment Options

- ◆ Drop off or mail to: St. Nectaros Greek Orthodox Church, Attn: Stewardship
133 S. Roselle Rd, Palatine, IL 60067
- ◆ Online: Automatic Payments via your online banking or visit our website at <https://www.stnectoriosgoc.org/stewardship/full-site-e-giving> for electronic options
- ◆ Electronic Version: Email this file as an attachment to office@stnectoriosgoc.org