## Stewardship & Membership Form – 2024 St. Nicholas Orthodox Church – Springdale, AR

[			]		
Street Address			Apt. #/Suite		
City	State	Zip Code	Home Phone Number		
	Fa	mily Members			
Head of	Household: (Sir	ngle) (Married) (Divo	rced) (Widowed)		
Name:	Birthday:				
Email:	Cell Phone:				
Wedding Anniversary: _	P	atron Saint & Name's	Day:		
		Spouse:			
Name:		Birthday:			
Email:		Cell Pho	one:		
Patron Saint & Name's D	ay:				
Any po		older) should submit to the sh			
Name:		Birthday	<i>7</i> :		
Email:		Cell Phone:			
Patron Saint & Name's D	'ay:				
Name:		Birthday	7:		
Email:	Cell Phone:				
Patron Saint & Name's D	ay:				
Name:		Birthday	<i>y</i> :		
Email:		Cell Phone:			
Patron Saint & Name's D	oay:				

3171 S. 48<sup>th</sup> St. Springdale, AR 72762 † (479) 379-6220 PO Box 6522 Springdale, AR 72766 – mailing address saintnicholasar@gmail.com † www.stnicholasar.org

## STEWARDSHIP COMMITMENT – 2024

This information is confidential and only seen by Church Administrators.

The below contribution amount is valid from January to December of this year.

Stewardship	Weekly	Monthly	Quarterly	Annually
Amount*				
Frequency	x 52	x 12	x 4	x 1
Total				

<sup>\*</sup>Contributions via check: Please write "Stewardship" in the memo to help us designate payment.

□ I will	fulfill my	stewardship	via PayPal or	Venmo	(links on	parish	website
or scan	QR code)	or set up pay	ment through	my bar	ıking inst	itution.	



 $\ \square$  I'm unable to offer financial support currently but wish to maintain an active St. Nicholas Membership.

## Please return form by December 29, 2023

Signature: D	Pate:
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## For Church Office Use Only