Stewardship & Membership Form – 2025 St. Nicholas Orthodox Church – Springdale, AR

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Street Address			Apt. #/Suite		
LCity	State	Zip Code	Home Phone Number		
	Fa	ımily Members			
Head of	Household: (Sir	ngle) (Married) (Divo	orced) (Widowed)		
Name:	ne: Birthday:				
Email:	Cell Phone:				
Wedding Anniversary: _	F	atron Saint & Name's	Day:		
		Spouse:			
Name:	Birthday:				
Email:		Cell Pho	one:		
Patron Saint & Name's D	ay:				
	Depend	ent Family Membe	ers:		
Name:			y:		
Email:	Cell Phone:				
Patron Saint & Name's D	ay:				
Name:		Birthday	y:		
Email:	Cell Phone:				
Patron Saint & Name's D	ay:				
Name:		Birthday	y:		
Email:		Cell Phone:			
Patron Saint & Name's D	ay:				

3171 S. 48th St. Springdale, AR 72762 † (479) 379-6220 PO Box 6522 Springdale, AR 72766 – mailing address info@stnicholasar.org (NEW EMAIL) † www.stnicholasar.org

STEWARDSHIP COMMITMENT – 2025

This information is <u>confidential</u> 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				

^{*}Contributions via check: Please write "Stewardship" in the memo to help us designate payment.

□ I will fulfill my stewardship via PayPal (links on parish website or scan QR code) or set up payment through my banking institution.



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

Building Fund Request: For those willing and able, please consider contributing towards our Building Fund (suggested amount of \$100 monthly, but please contribute as able). This is in ADDITION to Stewardship.

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

^{*}Contributions via check: Please write "Building Fund" in the memo to help us designate payment.

Please return form by December 29, 2024

Signature:		Date:
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	For Church Office Use Only	