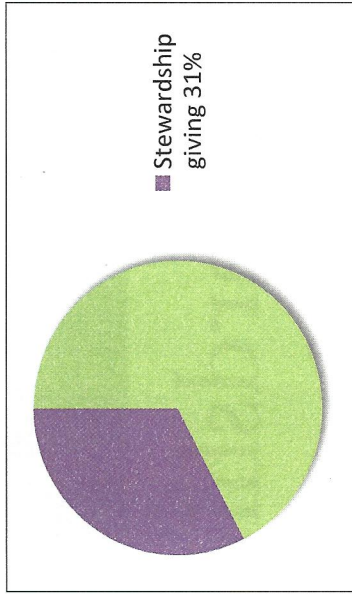


**STEWARDSHIP IS ABOUT JOY: We give with joy in thanksgiving for what God has done for us. "You are to give," says St. Paul, "as God has prospered you." He also says in his Second Letter to the Corinthians, "He who sows bountifully will also reap bountifully!"**

As Stewards, we are called upon to give careful thought to what we can give of time, talent and treasure to support St. George and its Ministries and Programs.

**St. George 2016**



- 2016 Stewardship Payments provided about 31% of the nearly \$1,500 daily costs of the Church.

**St. George 2017**

- Your generous support of time, talent and treasure is vital for the St. George Ministries and Programs.
- The strength of our Church comes from its Stewards. As Stewards, you are encouraged to participate in the life of our Church, including Parish General Assemblies.

**2017 Stewardship Pledge**

I/We pledge \$ \_\_\_\_\_ for Stewardship for the 2017 calendar year. The pledge is confidential and the amount paid is tax deductible.

Name \_\_\_\_\_  
 Spouse \_\_\_\_\_  
 Preferred Phone \_\_\_\_\_

I/We prefer to pay:  
 Monthly  Quarterly  Yearly by:

- Cash
- Check
- Automatic Transfer – contact your bank to arrange a monthly transfer
- Credit Card – (Visa, Master Card, Discover or AmEx). I authorize the Parish of St. George to charge \$ \_\_\_\_\_ per month between the 1<sup>st</sup> - 5<sup>th</sup> of each month in 2017.

**Credit Card Information**

Type of Card: \_\_\_\_\_  
 Card No. \_\_\_\_\_  
 Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_  
 Name as it appears on card \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

Complete this card and place in the collection tray or mail to:  
 St. George Greek Orthodox Church  
 2701 N. Sheffield Avenue  
 Chicago, IL 60614

**Please Complete Demographic Information**

Name \_\_\_\_\_  
 Orthodox Christian  Yes  No

E-Mail \_\_\_\_\_

Preferred Phone No. \_\_\_\_\_

Spouse \_\_\_\_\_  
 Orthodox Christian  Yes  No

E-Mail \_\_\_\_\_

Preferred Phone No. \_\_\_\_\_

Names and Birth Dates of Children under 18:  
 \_\_\_\_\_ DOB \_\_\_\_\_  
 \_\_\_\_\_ DOB \_\_\_\_\_  
 \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

**Note:** If circumstances permit an increase or require a decrease in the pledge amount, please complete a new pledge card.