

St. Nicholas Greek Orthodox Church Stewardship Card

SAINT NICHOLAS GREEK ORTHODOX CHURCH

**9501 BALBOA BOULEVARD
NORTHRIDGE, CA 91325
(818) 886-4040**

FATHER MICHAEL PREVAS- PASTOR

FATHER ALEX ORPHANOS- ASSISTANT PASTOR

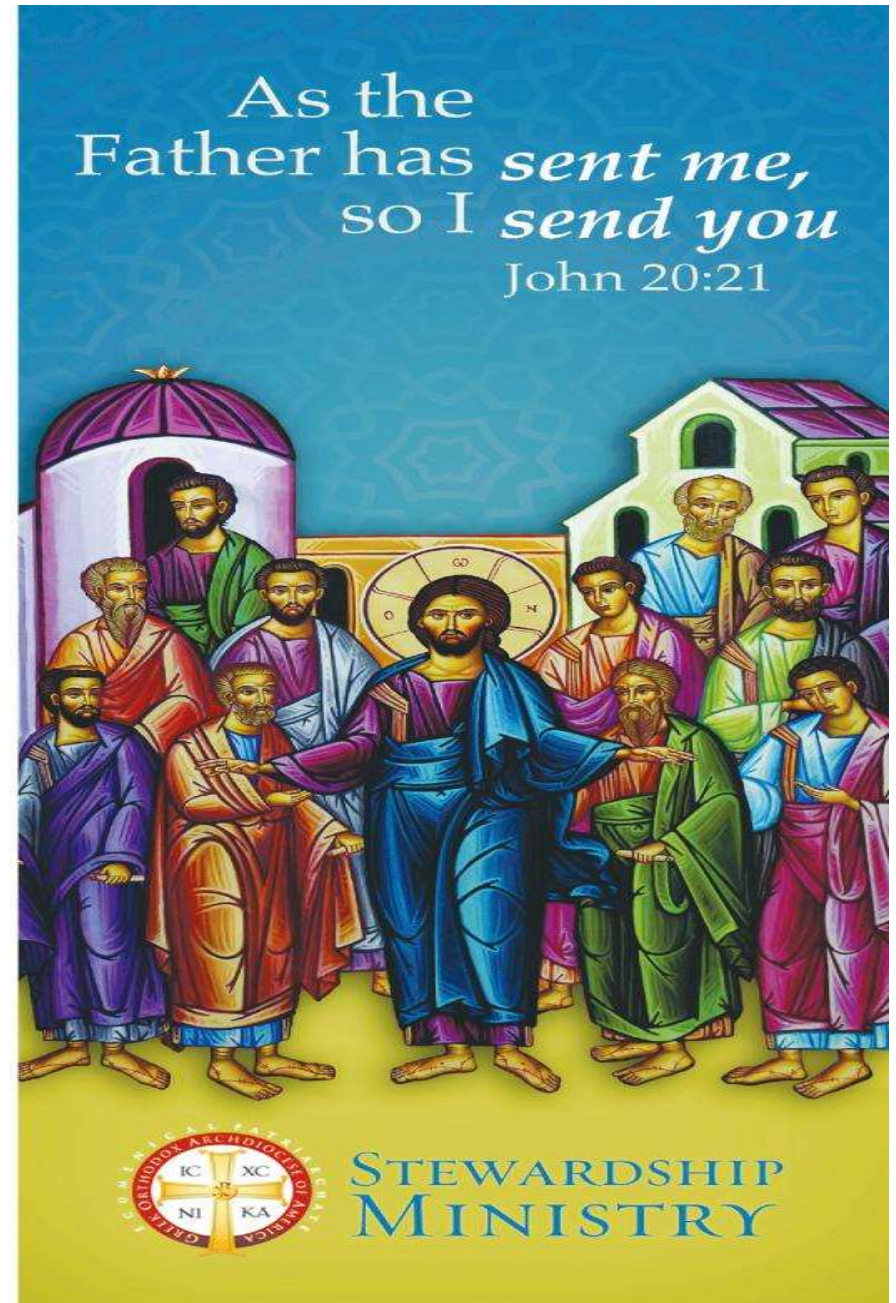
**V. REV. FATHER SPENCER KEZIOS
PASTOR EMERITUS**

**MARIA JANIOS & KATHY TAYLOR
CHURCH OFFICE ADMINISTRATORS**

**SAINT NICHOLAS SCHOOL
(818) 886-6751**

MELISSA DAMATO-PRINCIPAL

**PVA. MATIA PREVAS & SOPHIA MITSOPOULOS
SCHOOL OFFICE ADMINISTRATORS**



Information

NAME

NAME OF SPOUSE (IF MARRIED)

STREET ADDRESS

CITY / STATE / ZIP CODE

HOME PHONE

MOBILE PHONE

EMAIL ADDRESSES OF HOUSEHOLD

DEPENDENT CHILDREN (NAMES AND BIRTHDAYS)

Would you like us to add you to the parish email distribution list to receive important upcoming announcements? ___ yes ___ no ___

Treasure

On average, if we have 400 pledged families, it would cost St. Nicholas Church \$2,263 per pledged family just to meet the operating budget of the Church.

This year, we are prayerfully asking each family to consider that average. We are asking each family to look at your budget and consider the needs of St. Nicholas as you plan your year.

We cannot provide for our community and our ministries without your support.

Please select from one of the following options:

_____ I would like to help the Church meet its financial goals by increasing my annual pledge from last year by \$20/week for the 2020 year.

_____ In gratitude for God's blessings, I/We commit to Christ and His Church the following amount:

\$ _____ weekly* \$ _____ monthly \$ _____ annually

*Please note, if you plan to provide your stewardship offering in the offering basket during church, please mark your envelope with your name or please pay by check.

The preferred method of payment is credit card. If donating by using that method, please provide the following information:

Circle one: AMEX, Visa, MasterCard

Card Number: _____

Exp: _____ CCV: _____ Billing Zip Code: _____