

Name(s): _____

2021 Holy Trinity Greek Orthodox Cathedral Stewardship Financial Commitment

The approximate operating budget for Holy Trinity Cathedral in 2021 is \$1.05 million which includes the parish's Archdiocesan commitment of \$120,500. We hope that your commitment will increase in 2021.

*Per Parish By-Laws, this completed stewardship card and the commencement of the Stewardship contribution must occur before **March 1, 2021** to participate in General Assemblies of the Parish.*

Percentage	GIVING CHART: Household Annual Income				
	\$25,000	\$50,000	\$100,000	\$250,000	\$400,000
4%	\$1,000	\$2,000	\$4,000	\$10,000	\$16,000
6%	\$1,500	\$3,000	\$6,000	\$15,000	\$24,000
10%	\$2,500	\$5,000	\$10,000	\$25,000	\$40,000

For 2021, I/we will contribute the following stewardship: \$ _____

Signature: _____ Date: _____

To be paid :

Preferred Method of Payment:



Household Information		
Name:	Home Phone:	Spouse:
Baptised/Chrismated in the Orthodox Church Yes No	Address:	Baptised/Chrismated in the Orthodox Church Yes No
Date of Birth:		Date of Birth:
Email:		Email:
Cell Phone:		Cell Phone:

Only include children who live in the home and have not graduated college

Child's Name: Gender: Male Female	Baptised/Chrismated in the Orthodox Church Yes No	Date of Birth:
Child's Name: Gender: Male Female	Baptised/Chrismated in the Orthodox Church Yes No	Date of Birth:
Child's Name: Gender: Male Female	Baptised/Chrismated in the Orthodox Church Yes No	Date of Birth:
Child's Name: Gender: Male Female	Baptised/Chrismated in the Orthodox Church Yes No	Date of Birth:
Child's Name: Gender: Male Female	Baptised/Chrismated in the Orthodox Church Yes No	Date of Birth:

Automatic Payment Authorization

I/we _____ authorize Holy Trinity Greek Orthodox Cathedral to deduct my/our stewardship contribution for the amount specified from the account or credit/debit card identified below. I understand that this authorization shall continue until **December 31, 2021**. I may change or cancel this authorization by providing written notice to Holy Trinity Greek Orthodox Cathedral at least 30 days in advance of desired change or cancellation. Automatic Debit shall occur monthly on the authorized payment date below.

Monthly Amount: _____

Authorized Payment Date: 10th of the month

Autopay by Electronic Funds Transfer	or	Autopay by Credit/Debit Card
Bank Name:		Name on Card:
Account Number:		Card Number:
Routing Number:		Expiration Date: Security Code:
Please attach voided check if paying by EFT		Billing Address:

Signature to Authorize Automatic Payment

Date

Phone Number