HOLÝ TRINITY GREEK ORTHODOX CHURCH 2025 CHRISTIAN STEWARDSHIP PROGRAM	
In gratitude for God's blessings,	
I / We offer to Chr	st and His Church the following:
Total Amount \$ (*This only needs to be an estimate for your person	
I/We plan to contribute toward Stewardship (check one): Weekly Monthly Quarterly Semi-Annually Annually (In addition to checks, consider using automated payments through your bank, or pay online at www.holytrinitystaugustine.org), noting "2025 Stewardship" with your payment.	
2025 STEWARD INFORMATION (Please Print)	
Name:	Dependent Children's Names & Birthdates
Name of Spouse	
Street Address	
City, State, Zip:	
Home Phone	
Mobile Phone	
Mobile Phone of Spouse	
E-Mail Address	
E-Mail Address of Spouse	
Holy Trinity Greek Orthodox Church, 2940 County Road 214, Saint Augustine, FL 32084 Ph: 904/829-0504 E-mail: <u>holy3goc@gmail.com</u>	