

Family Information:

*Name _____ *Spouse's Name: _____

*Address: _____

*City: _____ State: _____ Zip Code _____

*Home Phone: _____ Cell Phone(s): _____

*Email(s): _____

Occupation(s): _____

*Children: _____

Name

Birthdate

Name

Birthdate

Name

Birthdate

Name

Birthdate

Credit Card Authorization

I authorize St. Paraskevi Greek Orthodox Shrine Church of
Greenlawn, NY to initiate electronic debit entries to my:

Credit Card__ Debit Card__ For payment of my 2011 Stewardship.

Name as shown on card _____

Amount authorized monthly _____

Visa__ Mastercard__ American Express__ Discover__ Debit__

Card# (all digits) _____

Exp. Date _____ Must be at least \$55/Month or \$650/Year to use this service.

I acknowledge that the origination of this transaction from my account must comply with the provision of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Signature _____