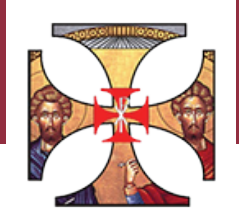


Support Holy Cross Philoptochos 2023 Membership Form



Annual Stewardship Amount (check all that apply)

\$30 \$50 \$100 Other Amount \$ _____

\$30 Sponsor a Member

Name(s) optional

Total Stewardship Amount \$ _____

Email _____

Mobile Phone _____

First Name _____

Last Name _____

Address _____

City _____

State _____

Zip _____

Note: _____

Payment Details

Cash

Check
Payable to Holy Cross Philoptochos
Memo: 2022 Membership

Pay Online
* Processing fees may apply

Yes! Please contact me when you need help!

Communication Preference (check all that apply)

Birth Date (Month/Day)

Email

Text

Call

MM / DD