

DOVER ANNUNCIATION GREEK ORTHODOX CHURCH CONFIDENTIAL FAMILY INFORMATION FORM 2020

Please complete and return this form to the Church Office

93 Locust Street Dover, NH 03820 Tel: 603-742-7667 annunciationdover@gmail.com

Family Name: _____

Address: _____ City: _____ State _____ Zip _____

Home Telephone: _____

Member	Spouse	Children	DOB
Name: _____	_____	_____	____/____/____
Mobile Tel: _____	_____	_____	____/____/____
E-mail: _____	_____	_____	____/____/____
Occupation: _____	_____	_____	____/____/____
Work Tel: _____	_____	_____	____/____/____
Birth Date: _____	_____	_____	____/____/____

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Family Name: _____

Please check those items in which you or a member of your family has some expertise or interest.

Place name or initials of the specific family member after each item checked.

- | | | |
|--|---|---|
| <input type="checkbox"/> Parish Council | <input type="checkbox"/> Building Maintenance team | <input type="checkbox"/> Choir |
| <input type="checkbox"/> Stewardship Team | <input type="checkbox"/> Finance & Audit Team | <input type="checkbox"/> Play Organ or Piano |
| <input type="checkbox"/> Cemetery Committee | <input type="checkbox"/> Technology Team | <input type="checkbox"/> Chanting |
| <input type="checkbox"/> Outreach Team | <input type="checkbox"/> Prepare Prosforon | <input type="checkbox"/> JOY/GOYA/ Young Adult Groups |
| <input type="checkbox"/> Social/Fundraising Team | <input type="checkbox"/> Host Coffee Hour | <input type="checkbox"/> Teach Sunday School |
| <input type="checkbox"/> Greek Festival | <input type="checkbox"/> Alkistis | <input type="checkbox"/> Altar Server |
| <input type="checkbox"/> Office Helper | <input type="checkbox"/> Scholarship Committee | <input type="checkbox"/> Kali Parea Group |
| <input type="checkbox"/> Hellenic Center Team | <input type="checkbox"/> Visit & Drive elderly/sick | <input type="checkbox"/> Welcoming Team |
| <input type="checkbox"/> Soup Kitchen (cook/serve) | <input type="checkbox"/> Landscaping & Maintenance | <input type="checkbox"/> Other _____ |

2020 STEWARDSHIP PLEDGE / DONATION

Family Name: _____

We would like to pledge \$ _____ Weekly

We would like to pledge \$ _____ Monthly

We would like to pledge \$ _____ Semi Annually

We would like to pledge \$ _____ Yearly

See God's work through your time, your talents, and your treasures.