



St. Christopher Hellenic Orthodox Church

313 Dividend Drive, Suite 210, Peachtree City, GA 30269 • Tel: (770) 487-0078 • (770) 487-6903

Web: www.SaintChristopherHOC.org • E-mail: info@SaintChristopherHOC.org

Date: _____

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

(Please write legibly - thank you!)

Pledge Details

I will make: Monthly ____ Weekly ____ Annual ____ payments of:
\$ _____ dollars

Starting in the month of _____ Year _____

Credit Card Information

VISA ____ MASTERCARD ____ AMERICAN EXPRESS ____ DISCOVER ____

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: ____ / ____

Name on Card: _____

Billing Zip Code: _____

Card Identification Number: _____

I, _____ authorize my credit card to be charged for the above amount for the terms specified until I request to stop it in writing.

Signature: _____