

St. Stephen's Armenian Apostolic Church - Membership Card (2016-2017)

NAME (S) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL _____

DUES \$ _____ \$225/per person

PLEDGE \$ _____ Your pledge amount

Total \$ _____ *Thank You for Your Support*

Signature _____

Date _____