



# St. Paul Armenian Church

Fresno CA

## 2024 Contribution Form

### Your Commitment to Our Future

As we embark on another year of faith and community, we invite you to prayerfully consider your contribution to our church. Your generous contribution enables us to continue our cherished programs, outreach efforts, and maintain our spiritual home.

### Your Contribution, Your Choice

This year, we are empowering our faithful to define their own commitment to our church. Please enter the amount you feel called to donate for the upcoming year. Every contribution, regardless of size, is a valued and vital part of our church's journey. Your support is more than a contribution; it's an affirmation of our shared beliefs and commitment to God's work. Let us continue to grow and serve together in His grace.

**Our 2024 contribution goal is \$135,000. Please help us reach our goal!**

Name \_\_\_\_\_

Spouse Name \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

My contribution to St. Paul Armenian Church for 2024: \$ \_\_\_\_\_

Contributions can be given weekly, monthly, or at any time during the year.

I/We wish to participate as a voting member at the annual parish assembly.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# St. Paul Armenian Church

3767 N. First Street  
Fresno, CA 93726  
559.226.6343

## Credit Card Payment Authorization Form

You can now schedule your contribution to be automatically charged to your credit card. Just complete and sign this form to get started.

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### Please complete the information below:

I \_\_\_\_\_ authorize **St. Paul Armenian Church** to charge my credit card (please include full name as shown on credit card) as indicated below

A one-time charge of \$\_\_\_\_\_ toward my contribution, or

\$\_\_\_\_\_ on the \_\_\_\_\_ of each month towards my contribution during the period specified below:

**Start on:**     \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
                  Month    Day    Year

**End on:**     \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
                  Month    Day    Year

**No end date**

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Account Type:  Visa      MasterCard      Amex      Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV (3 digit number on back of Visa/MC, 4 digits on front of AMEX) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the above named organization to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.