

**This is an expression of my/our commitment to St. George's Serbian Orthodox Church of Duluth, Minnesota for the year 2018**

- Worship Faithfully**  
 **Participate in the Sacraments**

**I am also willing to lead or assist in the following**

<input type="checkbox"/> Epistle Reading	<input type="checkbox"/> Technology	<u>Committees</u>
<input type="checkbox"/> Tutor/Priest's Assistant	<input type="checkbox"/> Social Media	<input type="checkbox"/> Book Store
<input type="checkbox"/> Cantor	<input type="checkbox"/> Bake Sale	<input type="checkbox"/> Building
<input type="checkbox"/> Supervise Altar Boys	<input type="checkbox"/> Sarma Sale	<input type="checkbox"/> Stewardship
<input type="checkbox"/> Usher/Greeter	<input type="checkbox"/> Pasty Sale	<input type="checkbox"/> Auditing
<input type="checkbox"/> Run for office	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Finance/investing, Endowments
<input type="checkbox"/> Sunday School	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Bulletin, Newsletter, Mailings
<input type="checkbox"/> Nursery	<input type="checkbox"/> Small Repairs	<input type="checkbox"/> Vidovdan, St. George's Day
<input type="checkbox"/> Youth Group	<input type="checkbox"/> Painting	
<input type="checkbox"/> Choir	<input type="checkbox"/> Mowing, Grounds	
<input type="checkbox"/> KOLO	<input type="checkbox"/> Snow Removal	
<input type="checkbox"/> Men's Club	<input type="checkbox"/> Gardening	

**We have many building repair projects that must be completed. Gifts towards those projects are in much need. As more is learned about the projected expense of building repairs, the Building Committee and Board will provide information. We must also remember that the ongoing expense of providing a place and means for worship and fellowship continues to be of primary importance, and the cost of utilities and other expenses continues to inflate.**

**This is my/our financial commitment to St. George for the ongoing operations of our parish.**

Check or circle

2018 Financial Commitment; \$ \_\_\_\_\_ per week \_\_\_ per month \_\_\_ Annually (Total if from time to time)

**Please fill out the appropriate Bank Transfer Authorization or Recurring Payment Authorization Form included with this form.**

Name: \_\_\_\_\_ e-mail \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**I WOULD ALSO LIKE MORE INFORMATION ON THE ENDOWMENT FUND \_\_\_\_\_**  
**(Initial)**