

*Sts. Vartanantz Armenian Apostolic Church*

*402 Broadway  
Providence, RI 02909*

**Say Yes to Stewardship**

**Yes, I would like to be a faithful steward of the Lord by contributing to the 2010 Stewardship Program of Sts. Vartanantz Armenian Apostolic Church**

*Please indicate your Weekly or Monthly Stewardship for the calendar year.*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Telephone \_\_\_\_\_ email \_\_\_\_\_

\$10 weekly [ ]

\$15 weekly [ ]

\$20 weekly [ ]

\$25 weekly [ ]

Other: \$ \_\_\_\_\_ weekly [ ] monthly [ ] yearly [ ]

*Please complete this form and return to the Church.  
A self-addressed envelope is enclosed for your convenience.*

*(Stewardship donations are tax deductible to the full extent of the law.)*