



CALLED TO BELONG

2024 STEWARDSHIP COMMITMENT FORM

Your Contact Information

Name(s) _____ Envelope # _____

(Fill out if information has changed)

Address/City/State/Zip _____

Primary Phone _____ Email(s) _____

*Please mail your completed form in the provided envelope or place in the collection basket.
Electronic submission is available at hnoj.org/stewardship2023.*

Your Commitment - Please include all family members and check the boxes below:

Prayer

I/We plan to attend Mass weekly and pray regularly for God's work through the Church.

Participation

I/We plan to share my/our time and talent through the ministries chosen on the reverse side of this form.

Giving

I/We will financially support the ministries and services of Holy Name of Jesus.

I/We will give: \$ _____ Weekly Monthly Quarterly Annually

Our total commitment in 2024 will be \$ _____.

Giving: Payment Option #1 – Electronic

I/We will adjust our electronic giving or setup giving at hnoj.org/give before Jan. 1, 2024.
(Please return this form as well).



I request that HNOJ adjusts our current electronic giving in the following manner (choose one).

Increase the dollar amount as indicated above, **keeping the same accounts and schedules**.

Set up online giving using my/our checking account, I have included a **voided check**. Please deduct \$ _____ on _____ day of the week/date of the month.

I have questions or wish to give electronically with a **credit card**. Please contact me at the number above.

I will give electronically and no longer need envelopes.

Giving: Payment Option #2 – Check/Weekly Envelopes/Other

I/We pledge the amount noted above and will provide a check or other form of payment in 2024.

I do not already receive weekly envelopes and I would like to.

Office Use Only

Entered Date _____ By _____

ParishSoft _____ WeShare _____

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Your Participation Opportunities

Name(s) _____

Please list the family member's name next to the ministry in which they choose to participate and indicate if you are a new volunteer or are recommitting to a current ministry.

OPPORTUNITIES	(write your name)	NEW VOL	RECOMMIT	OPPORTUNITIES	(write your name)	NEW VOL	RECOMMIT
LITURGY				FAITH FORMATION AND SCHOOL			
Adoration of the Blessed Sacrament	_____	<input type="checkbox"/>	<input type="checkbox"/>	Sunday School (Preschool to K)	_____	<input type="checkbox"/>	<input type="checkbox"/>
Altar Servers	_____	<input type="checkbox"/>	<input type="checkbox"/>	Faith Formation (1-5 Gr) Catechist	_____	<input type="checkbox"/>	<input type="checkbox"/>
Eucharistic Ministers	_____	<input type="checkbox"/>	<input type="checkbox"/>	MS Crew (6-8 Gr) Small Group Leader	_____	<input type="checkbox"/>	<input type="checkbox"/>
Lectors	_____	<input type="checkbox"/>	<input type="checkbox"/>	SH Crew (9-12 Gr) Small Group Leader	_____	<input type="checkbox"/>	<input type="checkbox"/>
Liturgical Environment	_____	<input type="checkbox"/>	<input type="checkbox"/>	Men's Ministry	_____	<input type="checkbox"/>	<input type="checkbox"/>
Liturgical Laundry	_____	<input type="checkbox"/>	<input type="checkbox"/>	Mothers of Preschoolers (MOPS)	_____	<input type="checkbox"/>	<input type="checkbox"/>
Music Ministry	_____	<input type="checkbox"/>	<input type="checkbox"/>	Rite of Christian Initiation of Adults (RCIA)	_____	<input type="checkbox"/>	<input type="checkbox"/>
Parish Event Host	_____	<input type="checkbox"/>	<input type="checkbox"/>	School Volunteer	_____	<input type="checkbox"/>	<input type="checkbox"/>
Nursery	_____	<input type="checkbox"/>	<input type="checkbox"/>	Small Groups	_____	<input type="checkbox"/>	<input type="checkbox"/>
Sacristans	_____	<input type="checkbox"/>	<input type="checkbox"/>	Vacation Bible School	_____	<input type="checkbox"/>	<input type="checkbox"/>
Sound Board & Video	_____	<input type="checkbox"/>	<input type="checkbox"/>	Women's Ministry	_____	<input type="checkbox"/>	<input type="checkbox"/>
Sunday Hospitality	_____	<input type="checkbox"/>	<input type="checkbox"/>	PASTORAL CARE AND OUTREACH			
Ushers	_____	<input type="checkbox"/>	<input type="checkbox"/>	A Community Caring for Life	_____	<input type="checkbox"/>	<input type="checkbox"/>
				Career Transition Group	_____	<input type="checkbox"/>	<input type="checkbox"/>
				Communion Outreach to Homebound	_____	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTRATION				Funeral Food Ministry	_____	<input type="checkbox"/>	<input type="checkbox"/>
Events	_____	<input type="checkbox"/>	<input type="checkbox"/>	Knights of Columbus	_____	<input type="checkbox"/>	<input type="checkbox"/>
Buildings and Grounds	_____	<input type="checkbox"/>	<input type="checkbox"/>	Knights of Columbus Ladies Auxiliary	_____	<input type="checkbox"/>	<input type="checkbox"/>
Offertory Collection Counters	_____	<input type="checkbox"/>	<input type="checkbox"/>	Prayer Line	_____	<input type="checkbox"/>	<input type="checkbox"/>
Office Assistance	_____	<input type="checkbox"/>	<input type="checkbox"/>	Special Ministry Needs	_____	<input type="checkbox"/>	<input type="checkbox"/>
Professional Services	_____	<input type="checkbox"/>	<input type="checkbox"/>				

Other skills you would like to share (provide info below) _____

To learn more about these participation opportunities, visit hnoj.org or contact the parish office at email@hnoj.org or 763-473-7901.

Sharing in the body of Christ, we seek to:

- KNOW**
THE HEART OF CHRIST.
- SEE**
THE FACE OF CHRIST.
- BE**
THE HANDS OF CHRIST.