

Faith Direct Enrollment Form

St. Katharine Drexel Catholic Church
8428 Opossumtown Pike
Frederick, MD 21702

M1

To enroll online, visit
www.faithdirect.net
and use code:

➔ MD996

Process my gifts on the: 4th or 15th of the month (please check only one box)

Please circle **Weekly*** or **Monthly**:
Offertory Gift: \$ _____

**Note: If you choose weekly, the total amount will be determined by the number of Sundays in the month. Some months have 5 Sundays. The weekly total amount will be charged once per month on the debit date.*

One Time Gift: \$ _____ Purpose of Gift: _____

RECURRING COLLECTIONS

	AMOUNT	MONTH
<input type="checkbox"/> Mortgage Fund	\$ _____	Monthly
<input type="checkbox"/> Tuition Assistance	\$ _____	Monthly
<input type="checkbox"/> Poor Box	\$ _____	Monthly
<input type="checkbox"/> Coffee & Donuts/Holy Spirits	\$ _____	Monthly
<input type="checkbox"/> Maintenance & Snow Removal	\$ _____	Quarterly
<input type="checkbox"/> Haiti Partner Parish	\$ _____	April, October

ARCHDIOCESAN COLLECTIONS

	AMOUNT	MONTH
<input type="checkbox"/> Care for Archdioc Priests	\$ _____	January
<input type="checkbox"/> Seminary Education	\$ _____	February
<input type="checkbox"/> Catholic Relief Services	\$ _____	March
<input type="checkbox"/> Catholic Communications	\$ _____	May
<input type="checkbox"/> Holy Father - Peter's Pence	\$ _____	July
<input type="checkbox"/> Missionary Cooperative	\$ _____	July
<input type="checkbox"/> Black & Indian Missions	\$ _____	August
<input type="checkbox"/> Mission Sunday	\$ _____	October
<input type="checkbox"/> Catholic Campaign for Human Development	\$ _____	November
<input type="checkbox"/> Retired Religious Fund	\$ _____	December

PARISH COLLECTIONS

	AMOUNT	MONTH
<input type="checkbox"/> Solemnity of Mary	\$ _____	January
<input type="checkbox"/> Eastern Europe/ Ash Wednesday	\$ _____	February
<input type="checkbox"/> Easter Flowers	\$ _____	March
<input type="checkbox"/> Holy Land/Good Friday	\$ _____	April
<input type="checkbox"/> Easter Gift	\$ _____	April
<input type="checkbox"/> Assumption Holy Day	\$ _____	August
<input type="checkbox"/> All Saints Holy Day	\$ _____	November
<input type="checkbox"/> Cemetery Development Fund	\$ _____	November
<input type="checkbox"/> Christmas Flowers	\$ _____	December
<input type="checkbox"/> Immaculate Conception Holy Day	\$ _____	December
<input type="checkbox"/> Christmas Gift	\$ _____	December

Name: _____ Church Envelope # _____

Full Address: _____

Telephone: _____ home cell Email: _____

Payment Information Needed for Enrollment

- For Bank Account Debit - Please return this completed form and a voided check to Faith Direct Enrollment.
- For Credit/Debit Card - Please complete the following: VISA MasterCard American Express Discover

Credit/Debit Card #: _____ Expiration Date: _____/_____/_____

I would like to enroll in the Faith Direct program. I understand that my **total** monthly contribution amount will be transferred directly from my bank account or credit/debit card as stated above. A record of my gifts will appear on my bank or card statement, and my transfers will begin next month. I understand that I can increase, decrease or suspend my giving by contacting Faith Direct toll free at 1-866-507-8757. {All gifts provided to your Church originating as Automated Clearing House transactions comply with U.S. law.}

Signature: X

Date: _____