

ENROLLMENT FORM



Church Name

The Shrine of the Most Blessed Sacrament
3630 Quesada Street, NW
Washington, DC 20015

FOR ONLINE ENROLLMENT
USE CHURCH CODE:

DC11

Faith Direct • Attention: Enrollment • P.O. Box 7101 • Merrifield, VA 22116-7101 • 1-866-507-8757 {toll free} • www.faithdirect.net

Weekly Offertory contribution: \$ _____

(Note: Total contribution amount will be debited on the 4th of the month, or the next business day. The total amount will be determined by the number of Sundays in the month. Some months have 5 Sundays.)

You may also choose to give to the following second and special collections.

The amount indicated will be debited in the month listed as part of the regular monthly transaction.

COLLECTION	AMOUNT	MONTH	COLLECTION	AMOUNT	MONTH
<input type="checkbox"/> Solemnity of Mary	\$ _____	January	<input type="checkbox"/> Church in Africa	\$ _____	September
<input type="checkbox"/> National Collection for Black & Indian Missions	\$ _____	January	<input type="checkbox"/> Propagation of the Faith	\$ _____	October
<input type="checkbox"/> Aid to Churches in Central & Eastern Europe	\$ _____	February	<input type="checkbox"/> All Saints	\$ _____	October
<input type="checkbox"/> Holy Thursday	\$ _____	March/April	<input type="checkbox"/> All Souls	\$ _____	November
<input type="checkbox"/> Good Friday	\$ _____	March/April	<input type="checkbox"/> Human Development	\$ _____	November
<input type="checkbox"/> Easter (In addition to regular Sunday gift)	\$ _____	March/April	<input type="checkbox"/> Immaculate Conception	\$ _____	November
<input type="checkbox"/> Holy Land	\$ _____	April	<input type="checkbox"/> Retirement for Religious	\$ _____	December
<input type="checkbox"/> Catholic Home Missions	\$ _____	April	<input type="checkbox"/> Christmas	\$ _____	December
<input type="checkbox"/> Catholic Overseas Relief	\$ _____	May	Field of Dreams/Capital Campaign:		
<input type="checkbox"/> Ascension	\$ _____	May	<input type="checkbox"/> Annual Gift	\$ _____	April
<input type="checkbox"/> Holy Father	\$ _____	July	<input type="checkbox"/> Monthly Gift	\$ _____	Monthly
<input type="checkbox"/> Latin America	\$ _____	July	<input type="checkbox"/> Quarterly Gift (Jan, Ap, Jul, Oct)	\$ _____	Quarterly
<input type="checkbox"/> Assumption	\$ _____	August	Smyth Fund:		
<input type="checkbox"/> Catholic Communications	\$ _____	August	<input type="checkbox"/> Annual Gift	\$ _____	April
<input type="checkbox"/> Catholic University	\$ _____	September	<input type="checkbox"/> Monthly Gift	\$ _____	Monthly

I would like to enroll in the Faith Direct program. I understand that my total monthly contribution amount will be transferred directly from my checking account or credit card as stated above, a record of my gifts will appear on my bank or credit 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: _____

Parishioner Name(s): *(please print)* _____
 Street Address: _____
 City/State/Zip Code: _____
 Telephone: _____ E-mail: _____
 Name as you would like it to appear on Offertory Cards: _____

Church Envelope #: _____

To set up access to your account online, call Faith Direct at 1-866-507-8757 {toll-free}.

For Checking Account Debit: Please return your completed form and a copy of your voided check to Faith Direct Enrollment.

For Credit Card Debit: Please complete the following credit card information then return to Faith Direct Enrollment. *(Please print.)*

Type of Credit Card: VISA MasterCard American Express Discover

Credit Card #: _____ Expiration Date: _____

Print Name as Appears on Card: _____

Signature: _____

If you have any questions about the Faith Direct program, please contact us at 1-866-507-8757 {toll free} or info@faithdirect.net.