


FAITH DIRECT ENROLLMENT FORM

St. Mary Magdalene Catholic Church
509 S. Dallas Avenue
Pittsburgh, PA 15208-2897

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

PA994

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.*

COLLECTION	AMOUNT	MONTH
<input type="checkbox"/> Parish Share	\$ _____	<i>Weekly</i>
	\$ _____	<i>Monthly</i>
<input type="checkbox"/> Parish Campus Maintenance	\$ _____	<i>Monthly</i>
<input type="checkbox"/> Social Ministries	\$ _____	<i>Monthly</i>
<input type="checkbox"/> St. Vincent de Paul	\$ _____	<i>Monthly</i>
<input type="checkbox"/> St. Bede School Support	\$ _____	<i>Monthly</i>
<input type="checkbox"/> Solemnity of Mary	\$ _____	<i>January</i>
<input type="checkbox"/> Initial Offering (\$5.00)	\$ _____	<i>January</i>
<input type="checkbox"/> St. Anthony / DePaul	\$ _____	<i>January</i>
<input type="checkbox"/> Ash Wednesday	\$ _____	<i>February</i>
<input type="checkbox"/> Human Development/ Home Missions	\$ _____	<i>March</i>
<input type="checkbox"/> Lenten Almsgiving	\$ _____	<i>April</i>
<input type="checkbox"/> Holy Thursday	\$ _____	<i>April</i>
<input type="checkbox"/> Good Friday (Holy Land)	\$ _____	<i>April</i>
<input type="checkbox"/> Easter Sunday (in addition to regular Sunday gift)	\$ _____	<i>April</i>

COLLECTION	AMOUNT	MONTH
<input type="checkbox"/> Easter Flowers*	\$ _____	<i>April</i>
<input type="checkbox"/> Ascension	\$ _____	<i>May</i>
<input type="checkbox"/> Overseas Appeal	\$ _____	<i>May</i>
<input type="checkbox"/> Peter's Pence	\$ _____	<i>June</i>
<input type="checkbox"/> Mission Cooperative	\$ _____	<i>July</i>
<input type="checkbox"/> Assumption	\$ _____	<i>August</i>
<input type="checkbox"/> Religious Education	\$ _____	<i>August</i>
<input type="checkbox"/> Bishop's Education Fund	\$ _____	<i>September</i>
<input type="checkbox"/> Mission Sunday	\$ _____	<i>October</i>
<input type="checkbox"/> All Saints Day	\$ _____	<i>November</i>
<input type="checkbox"/> All Souls	\$ _____	<i>November</i>
<input type="checkbox"/> Thanksgiving	\$ _____	<i>November</i>
<input type="checkbox"/> Religious Retirement	\$ _____	<i>November</i>
<input type="checkbox"/> Immaculate Conception	\$ _____	<i>December</i>
<input type="checkbox"/> Christmas Charities	\$ _____	<i>December</i>
<input type="checkbox"/> Christmas Flowers*	\$ _____	<i>December</i>
<input type="checkbox"/> Christmas	\$ _____	<i>December</i>

**Please contact the parish office at (412) 661-7222 with the names of your dedications for these collections.*

Print Name(s): _____ CHURCH ENVELOPE #: _____

Full Address: _____

Telephone: _____ cell home E-mail: _____

Optional: If you would like to receive Offertory Cards to place in the collection basket as a sign of your electronic giving, please provide name as you would like it to appear: (e.g. Smith Family) _____

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:  _____ Date: _____