


# FAITH DIRECT ENROLLMENT FORM

**St. Benedict the Moor Catholic Church**  
**91 Crawford Street**  
**Pittsburgh, PA 15219**

IP

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

PA1097

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    | COLLECTION  | AMOUNT   | MONTH     |
|--|----------|----------|---|----------|-----------|
| <input type="checkbox"/> Parish Share  | \$ _____ | Monthly  | <input type="checkbox"/> Ascension  | \$ _____ | May       |
| <input type="checkbox"/> Church Building Upkeep                                | \$ _____ | Monthly  | <input type="checkbox"/> Catholic Relief Services/<br>Eastern Europe/Latin<br>America | \$ _____ | May       |
| <input type="checkbox"/> Technology Expenses                                   | \$ _____ | Monthly  | <input type="checkbox"/> Peter's Pence  | \$ _____ | June      |
| <input type="checkbox"/> Care for the Poor                                     | \$ _____ | Monthly  | <input type="checkbox"/> Assumption   | \$ _____ | August    |
| <input type="checkbox"/> Solemnity of Mary                                     | \$ _____ | January  | <input type="checkbox"/> Bishop's Education Fund                                      | \$ _____ | September |
| <input type="checkbox"/> St. Anthony / DePaul                                  | \$ _____ | January  | <input type="checkbox"/> World Mission Sunday   | \$ _____ | October   |
| <input type="checkbox"/> Ash Wednesday   | \$ _____ | February | <input type="checkbox"/> All Saints Day   | \$ _____ | November  |
| <input type="checkbox"/> Easter Flowers*                                       | \$ _____ | February | <input type="checkbox"/> All Souls Day  | \$ _____ | November  |
| <input type="checkbox"/> Human Development/<br>Home Missions                   | \$ _____ | March    | <input type="checkbox"/> Religious Retirement Fund                                    | \$ _____ | November  |
| <input type="checkbox"/> Holy Thursday   | \$ _____ | April    | <input type="checkbox"/> Christmas Flowers*   | \$ _____ | November  |
| <input type="checkbox"/> Good Friday (Holy Land)                               | \$ _____ | April    | <input type="checkbox"/> Immaculate Conception  | \$ _____ | December  |
| <input type="checkbox"/> Easter Sunday (in addition<br>to regular Sunday gift) | \$ _____ | April    | <input type="checkbox"/> Children & Youth Charities                                   | \$ _____ | December  |
|  |          |          | <input type="checkbox"/> Christmas  | \$ _____ | December  |

*\*Please contact the parish office at (412) 281-3141 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: \_\_\_\_\_