

ENROLLMENT FORM



Saint Jude Catholic Church
9600 Caritas Street
Fredericksburg, VA 22408

To enroll online, use code
below or scan here: →

VA512



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Faith Direct . Attention: Enrollment . 7901 Jones Branch Dr., Ste. 500 . McLean, VA 22102 . 1-866-507-8757 {toll free} . www.faithdirect.net

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

Weekly Offertory Gift: \$ _____ (Note: The total Weekly Offertory gift amount will be determined by the number of Sundays in the month. Some months have 5 Sundays.)

My prayerful pledge to the Capital Campaign is: \$ _____

10% Initial Down Payment Suggested: \$ _____ Paid by check To be processed by Faith Direct

Balance of \$ _____ to be paid:

\$ _____ Monthly over: 12 payments Other: _____ payments

\$ _____ Quarterly over: 4 payments Other: _____ payments (Quarterly payments are scheduled for Mar/Jun/Sept/Dec.)

\$ _____ Semi-Annually over: 2 payments Other: _____ payments (Semi-Annual payments are scheduled for Jun/Dec.)

One Time Gift of: \$ _____

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

| COLLECTION | AMOUNT | MONTH | COLLECTION | AMOUNT | MONTH |
|---|----------|----------|--|----------|-----------|
| <input type="checkbox"/> Church Mortgage | \$ _____ | Monthly | <input type="checkbox"/> Diocesan Retired Priest | \$ _____ | May |
| <input type="checkbox"/> SHARE | \$ _____ | Monthly | <input type="checkbox"/> Catholic Communications | \$ _____ | May |
| <input type="checkbox"/> St. Vincent de Paul | \$ _____ | Monthly | <input type="checkbox"/> Peter's Pence (Holy Father) | \$ _____ | June |
| <input type="checkbox"/> Furnishing New Church | \$ _____ | Monthly | <input type="checkbox"/> Pastoral Solidarity Fund for Africa | \$ _____ | July |
| <input type="checkbox"/> Solemnity of Mary | \$ _____ | January | <input type="checkbox"/> Feast of the Assumption | \$ _____ | August |
| <input type="checkbox"/> Church in Latin America | \$ _____ | January | <input type="checkbox"/> Religious Education | \$ _____ | September |
| <input type="checkbox"/> Arlington Catholic Herald (\$24) | \$ _____ | February | <input type="checkbox"/> Catholic University | \$ _____ | September |
| <input type="checkbox"/> Ash Wednesday | \$ _____ | February | <input type="checkbox"/> Mission Sunday | \$ _____ | October |
| <input type="checkbox"/> Black & Indian Missions | \$ _____ | March | <input type="checkbox"/> All Saints Day | \$ _____ | November |
| <input type="checkbox"/> Catholic Relief Services | \$ _____ | March | <input type="checkbox"/> Campaign for Human Development | \$ _____ | November |
| <input type="checkbox"/> Easter Flowers | \$ _____ | March | <input type="checkbox"/> Retired Religious Fund | \$ _____ | November |
| <input type="checkbox"/> Holy Thursday | \$ _____ | April | <input type="checkbox"/> Christmas Flowers | \$ _____ | November |
| <input type="checkbox"/> Holy Land/Good Friday | \$ _____ | April | <input type="checkbox"/> Catholic Charities | \$ _____ | December |
| <input type="checkbox"/> Easter Sunday (Additional Sunday gift) | \$ _____ | April | <input type="checkbox"/> Immaculate Conception | \$ _____ | December |
| <input type="checkbox"/> Catholic Home Missions | \$ _____ | April | <input type="checkbox"/> Christmas Gift | \$ _____ | December |
| <input type="checkbox"/> Special Parish Needs | \$ _____ | May | | | |

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: _____

Name(s): (please print) _____

Street Address: _____ Church Envelope #: _____

City/State/Zip Code: _____

Telephone: _____ E-mail: _____

Name as I/we would like it to appear on Offertory Cards: _____

I do not wish to receive Offertory Cards to place in the collection basket as a sign of my electronic giving.

If you choose to enroll by mail, you can contact Faith Direct at 1-866-507-8757 {toll-free} to set up online access to your account.

For Bank Account Debit: Please return this completed form and a voided check to Faith Direct Enrollment. (PREFERRED)

For Credit/Debit Card: Please complete the following... VISA MasterCard American Express Discover

Credit/Debit Card #: _____ Expiration Date: _____

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