

ENROLLMENT FORM



Church Name

Saint James Catholic Church
905 Park Avenue
Falls Church, VA 22046

FOR ONLINE ENROLLMENT
USE CHURCH CODE:

VA50

Faith Direct · 601 S. Washington Street · Alexandria, VA 22314-4109 · 1-866-507-8757 {toll free} · www.faithdirect.net

Weekly contribution amount: \$ _____

(Note: Monthly contribution amount will be calculated based on your weekly contribution amount multiplied by the number of Sundays in the month. Some months of the year have 5 Sundays. Total amount will be deducted on the 4th day of the month.)

In addition to your weekly contribution, you may also choose to give to the following second and special collections. The amount indicated will be debited in the month listed. (on 4th day of the month)

COLLECTION	AMOUNT	MONTH	COLLECTION	AMOUNT	MONTH
<input type="checkbox"/> Church in Latin America	\$ _____	January	<input type="checkbox"/> Peter's Pence/Holy Father	\$ _____	July
<input type="checkbox"/> Diocesan Newspaper (\$17)	\$ _____	February	<input type="checkbox"/> Little Sisters of the Poor	\$ _____	August
<input type="checkbox"/> Aid to Church in Central & Eastern Europe	\$ _____	February	<input type="checkbox"/> Parish Religious Education	\$ _____	September
<input type="checkbox"/> Black & Indian Missions	\$ _____	February	<input type="checkbox"/> Catholic University	\$ _____	September
<input type="checkbox"/> Catholic Relief Services	\$ _____	March	<input type="checkbox"/> World Mission Sunday	\$ _____	October
<input type="checkbox"/> Holy Land Shrines/Good Friday	\$ _____	April	<input type="checkbox"/> Fund for Retired Religious	\$ _____	November
<input type="checkbox"/> Catholic Home Missions	\$ _____	April	<input type="checkbox"/> Campaign for Human Development	\$ _____	November
<input type="checkbox"/> Diocesan Retired Priests	\$ _____	May	<input type="checkbox"/> Catholic Charities'		
<input type="checkbox"/> Catholic Communications	\$ _____	June	Christmas Collection	\$ _____	December

Parishioner Name(s): _____

Street Address: _____

City/State/Zip Code: _____

Telephone: _____ Email: _____

Name as you would like it to appear on Offertory Cards: _____

I would like to enroll in the *Faith Direct* program. I understand that my 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: _____

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

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

Type of Credit Card: VISA MasterCard **Please provide 3-digit security code from back of card: _____**
 American Express **Please provide 4-digit security code from front of card: _____**

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.