

ENROLLMENT FORM



Saint Louis Catholic Church
2907 Popkins Lane
Alexandria, VA 22306

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

VA141



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Faith Direct • Attention: Enrollment • P.O. Box 7101 • Merrifield, VA 22116-7101 • 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: Your total Weekly Offertory gift 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 optional collections listed below as part of the total monthly transaction in the month listed for each.

| COLLECTION | AMOUNT | MONTH | COLLECTION | AMOUNT | MONTH |
|---|----------|----------|--|----------|-----------|
| <input type="checkbox"/> St. Vincent de Paul Society | \$ _____ | Monthly | <input type="checkbox"/> Maintenance Fund | \$ _____ | May |
| <input type="checkbox"/> Support for Our Sister Parish in Nicaragua | \$ _____ | Monthly | <input type="checkbox"/> Catholic Communications | \$ _____ | May |
| <input type="checkbox"/> Poor Box | \$ _____ | Monthly | <input type="checkbox"/> Archdiocese for the Military Services | \$ _____ | May |
| <input type="checkbox"/> School Annual Fund | \$ _____ | Monthly | <input type="checkbox"/> Father's Day Novena | \$ _____ | June |
| <input type="checkbox"/> Mother of Light Center | \$ _____ | Monthly | <input type="checkbox"/> Diocesan Retired Priests | \$ _____ | June |
| <input type="checkbox"/> Solemnity of Mary | \$ _____ | January | <input type="checkbox"/> Peter's Pence (Holy Father) | \$ _____ | June |
| <input type="checkbox"/> Church in Latin America | \$ _____ | January | <input type="checkbox"/> Assumption | \$ _____ | August |
| <input type="checkbox"/> Diocesan Newspaper | \$ _____ | February | <input type="checkbox"/> Religious Education | \$ _____ | September |
| <input type="checkbox"/> Aid to Church in Ctrl. & East. Europe | \$ _____ | February | <input type="checkbox"/> Catholic University | \$ _____ | September |
| <input type="checkbox"/> Ash Wednesday | \$ _____ | February | <input type="checkbox"/> World Mission Sunday | \$ _____ | October |
| <input type="checkbox"/> Black & Indian Missions | \$ _____ | February | <input type="checkbox"/> All Souls Novena | \$ _____ | October |
| <input type="checkbox"/> Catholic Relief Services | \$ _____ | March | <input type="checkbox"/> All Saints | \$ _____ | November |
| <input type="checkbox"/> Easter Flowers | \$ _____ | March | <input type="checkbox"/> Retirement Fund for Religious | \$ _____ | November |
| <input type="checkbox"/> Holy Land Shrines | \$ _____ | March | <input type="checkbox"/> Camp. for Human Development | \$ _____ | November |
| <input type="checkbox"/> Easter Sunday (in addition to weekly gift) | \$ _____ | March | <input type="checkbox"/> Immaculate Conception | \$ _____ | December |
| <input type="checkbox"/> Building Fund | \$ _____ | April | <input type="checkbox"/> Catholic Charities | \$ _____ | December |
| <input type="checkbox"/> Maintenance Fund | \$ _____ | April | <input type="checkbox"/> Christmas Flowers | \$ _____ | December |
| <input type="checkbox"/> Catholic Home Missions | \$ _____ | April | <input type="checkbox"/> Christmas | \$ _____ | December |
| <input type="checkbox"/> Mother's Day Novena | \$ _____ | May | | | |

Church Renovation Fund :

- Monthly \$ _____ Bi-Monthly (odd numbered months) \$ _____
 Quarterly (Jan, April, July, Oct) \$ _____ Semi-Annually (Jan & July) \$ _____
 • Please indicate the duration of your pledge payments: _____ Months Quarters Years
 One-Time Gift (processed in the month following your enrollment) \$ _____

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: _____
 City/State/Zip Code: _____
 Telephone: _____ E-mail: _____

Church Envelope #: _____

- 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.

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.