


FAITH DIRECT ENROLLMENT FORM

St. Joseph-On-Carrollton Manor
5843 Manor Woods Road
Frederick, MD 21703

M1

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

MD993

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

Please circle Weekly* or Monthly:
Offertory Gift: \$ _____

Please circle Weekly* or Monthly:
Mortgage Payment: \$ _____

**Note: If you choose weekly, the total amount will be determined by the number of Sundays in the month. Some months have 5 Sundays.*

I participated in my parish's previous eGiving program.

You may also choose to give to the following collections:

ADDITIONAL RECURRING MONTHLY COLLECTIONS

- Catholic Education: \$ _____ Monthly
 Poor Box: \$ _____ Monthly

SPECIAL COLLECTIONS

- | | AMOUNT | MONTH |
|--|----------|----------|
| <input type="checkbox"/> Solemnity of Mary | \$ _____ | January |
| <input type="checkbox"/> Easter Flowers | \$ _____ | March |
| <input type="checkbox"/> Holy Thursday - For the Poor | \$ _____ | March |
| <input type="checkbox"/> Easter Sunday (Additional Gift) | \$ _____ | April |
| <input type="checkbox"/> Assumption | \$ _____ | August |
| <input type="checkbox"/> All Saints | \$ _____ | November |
| <input type="checkbox"/> Thanksgiving | \$ _____ | November |
| <input type="checkbox"/> Christmas Flowers | \$ _____ | December |
| <input type="checkbox"/> Immaculate Conception | \$ _____ | December |
| <input type="checkbox"/> Christmas | \$ _____ | December |

ARCHDIOCESAN COLLECTIONS

- | | AMOUNT | MONTH |
|---|----------|----------|
| <input type="checkbox"/> Special Care for Diocesan Priests | \$ _____ | January |
| <input type="checkbox"/> Eastern Europe - Ash Wednesday | \$ _____ | February |
| <input type="checkbox"/> Catholic Relief Services | \$ _____ | March |
| <input type="checkbox"/> Holy Land Shrines - Good Friday | \$ _____ | April |
| <input type="checkbox"/> Catholic Communications/
Catholic University of America | \$ _____ | May |
| <input type="checkbox"/> Peter's Pence | \$ _____ | June |
| <input type="checkbox"/> Missionary Cooperative | \$ _____ | July |
| <input type="checkbox"/> Black & Native American Missions | \$ _____ | August |
| <input type="checkbox"/> Propagation of the Faith/Mission Sunday | \$ _____ | October |
| <input type="checkbox"/> Campaign for Human Development | \$ _____ | November |
| <input type="checkbox"/> Archdiocesan Seminarians | \$ _____ | November |
| <input type="checkbox"/> Retired Religious | \$ _____ | December |

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: _____