

ENROLLMENT FORM



Saint Luke Catholic Church
7001 Georgetown Pike
McLean, VA 22101

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

VA516



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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)

Please circle: **Weekly** or **Monthly**

Offertory: \$ _____

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

You may also choose to schedule an additional gift to the collections listed below to be processed in the month listed for each.

| COLLECTION | AMOUNT | MONTH | COLLECTION | AMOUNT | MONTH |
|--|----------|-----------------|---|----------|-----------|
| <input type="checkbox"/> Special Capital Projects Campaign | \$ _____ | One-Time | <input type="checkbox"/> Home Missions | \$ _____ | April |
| <input type="checkbox"/> Special Capital Projects Campaign | \$ _____ | Monthly | <input type="checkbox"/> Catholic Communications | \$ _____ | May |
| <input type="checkbox"/> Outreach | \$ _____ | Monthly | <input type="checkbox"/> Special Parish Needs | \$ _____ | May |
| <input type="checkbox"/> Development | \$ _____ | Monthly | <input type="checkbox"/> Ascension | \$ _____ | May |
| <input type="checkbox"/> Maintenance & Repair | \$ _____ | Monthly | <input type="checkbox"/> Diocesan Retired Priests | \$ _____ | June |
| <input type="checkbox"/> Catholic Education | \$ _____ | Monthly | <input type="checkbox"/> Peter's Pence (Holy Father) | \$ _____ | June |
| <input type="checkbox"/> Solemnity of Mary | \$ _____ | January | <input type="checkbox"/> Assumption | \$ _____ | August |
| <input type="checkbox"/> Latin America | \$ _____ | January | <input type="checkbox"/> Faith Formation | \$ _____ | September |
| <input type="checkbox"/> Arlington Catholic Herald (\$22) | \$ _____ | February | <input type="checkbox"/> Catholic University | \$ _____ | September |
| <input type="checkbox"/> Church in Central & Eastern Europe | \$ _____ | February | <input type="checkbox"/> Mission Sunday | \$ _____ | October |
| <input type="checkbox"/> Ash Wednesday | \$ _____ | February | <input type="checkbox"/> All Saints Day | \$ _____ | November |
| <input type="checkbox"/> Black & Indian Missions | \$ _____ | February | <input type="checkbox"/> Retired Religious Fund | \$ _____ | 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"/> Christmas Flowers * | \$ _____ | December |
| <input type="checkbox"/> Holy Land/Good Friday | \$ _____ | April | <input type="checkbox"/> Immaculate Conception | \$ _____ | December |
| <input type="checkbox"/> Easter Sunday (In addition to regular weekly gift) | \$ _____ | April | <input type="checkbox"/> Catholic Charities | \$ _____ | December |
| | | | <input type="checkbox"/> Christmas Gift | \$ _____ | December |

* Forms will be available at the church, or call the parish office, to indicate the names of your dedications/memorials for these collections.

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.