

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.