

# ENROLLMENT FORM



St. John the Evangelist  
112 East Second Street  
Frederick, MD 21701

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

MD755

MI



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)

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

(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 give to the following second and special collections. The amount indicated will be debited in the month listed as part of the regular monthly transaction.

### ADDITIONAL RECURRING MONTHLY COLLECTIONS

- Maintenance: \$ \_\_\_\_\_
- Catholic Schools Collection: \$ \_\_\_\_\_
- Debt Reduction: \$ \_\_\_\_\_
- Religious Education Tuition Assistance: \$ \_\_\_\_\_

### SPECIAL COLLECTIONS

	AMOUNT	MONTH
<input type="checkbox"/> Solemnity of Mary	\$ _____	January
<input type="checkbox"/> Catholic Review	\$ _____	January
<input type="checkbox"/> Little Sisters of the Poor	\$ _____	April
<input type="checkbox"/> Easter Flowers	\$ _____	April
<input type="checkbox"/> Easter Sunday (Additional Gift)	\$ _____	April
<input type="checkbox"/> Mother's Day Novena	\$ _____	April
<input type="checkbox"/> Ascension	\$ _____	May
<input type="checkbox"/> Father's Day Novena	\$ _____	June
<input type="checkbox"/> Assumption	\$ _____	August
<input type="checkbox"/> Cemetery Fund	\$ _____	October
<input type="checkbox"/> All Saints	\$ _____	November
<input type="checkbox"/> Thanksgiving	\$ _____	November

### SPECIAL COLLECTIONS cont.....

	AMOUNT	MONTH
<input type="checkbox"/> Immaculate Conception	\$ _____	December
<input type="checkbox"/> Christmas Flowers	\$ _____	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	\$ _____	March
<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"/> Military Services	\$ _____	November
<input type="checkbox"/> Seminarians	\$ _____	November
<input type="checkbox"/> Campaign for Human Development	\$ _____	November
<input type="checkbox"/> Retired Religious	\$ _____	December

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.