

ENROLLMENT FORM



Holy Cross Church
4900 Strathmore Avenue
P.O. Box 249
Garrett Park, MD 20896

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

MD22



Faith Direct • Attention: Enrollment • 7901 Jones Branch Dr., #500 • McLean, VA 22102 • 1-866-507-8757 {toll free} • www.faithdirect.net

Weekly Offertory Gift: \$ _____

*(Note: Your **Total** contribution amount will be debited on the 4th of the month or the next business day. The total Weekly Offertory 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 to be debited in the month listed.

COLLECTION	AMOUNT	MONTH	COLLECTION	AMOUNT	MONTH
<input type="checkbox"/> First Sunday of the Month	\$ _____	<i>Monthly</i>	<input type="checkbox"/> Catholic Campaign for Human Development	\$ _____	<i>May</i>
<input type="checkbox"/> Poor Box	\$ _____	<i>Monthly</i>	<input type="checkbox"/> Holy Father Peter's Pence	\$ _____	<i>June</i>
<input type="checkbox"/> Ash Wednesday	\$ _____	<i>February</i>	<input type="checkbox"/> Catholic University	\$ _____	<i>September</i>
<input type="checkbox"/> Church in the Developing World	\$ _____	<i>February</i>	<input type="checkbox"/> World Missions/ Propagation of the Faith	\$ _____	<i>October</i>
<input type="checkbox"/> Catholic Relief Services	\$ _____	<i>March</i>	<input type="checkbox"/> Immaculate Conception	\$ _____	<i>December</i>
<input type="checkbox"/> Easter Flowers	\$ _____	<i>March</i>	<input type="checkbox"/> Christmas Flowers	\$ _____	<i>December</i>
<input type="checkbox"/> Holy Thursday	\$ _____	<i>April</i>	<input type="checkbox"/> Retirement for Men and Woman Religious	\$ _____	<i>December</i>
<input type="checkbox"/> Holy Land/Good Friday	\$ _____	<i>April</i>	<input type="checkbox"/> Christmas Day	\$ _____	<i>December</i>
<input type="checkbox"/> Easter Sunday (in addition to weekly gift)	\$ _____	<i>April</i>	<input type="checkbox"/> Solemnity of Mary	\$ _____	<i>December</i>
<input type="checkbox"/> Catholic Home Missions	\$ _____	<i>April</i>			

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.