

ENROLLMENT FORM



Church Name

Saint Alexis Catholic Church
10090 Old Perry Highway
Wexford, PA 15090-9320

FOR ONLINE ENROLLMENT
USE CHURCH CODE:

PA47

Faith Direct · Attention: Enrollment · P.O. Box 7101 · Merrifield, VA 22116-7101 · 1-866-507-8757 {toll free} · www.faithdirect.net

Offertory Gift: \$ _____ (please circle **Weekly** or **Monthly**)
Capital Campaign Gift: \$ _____ (please circle **Weekly** or **Monthly**)

(Note: Total contribution amount will be debited on the 4th of the month or the next business day. 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.

COLLECTION	AMOUNT	MONTH	COLLECTION	AMOUNT	MONTH
<input type="checkbox"/> Solemnity of Mary	\$ _____	January	<input type="checkbox"/> Mission Sunday	\$ _____	October
<input type="checkbox"/> St. Anthony DePaul School	\$ _____	January	<input type="checkbox"/> All Saints	\$ _____	November
<input type="checkbox"/> Ash Wednesday	\$ _____	February	<input type="checkbox"/> Retired Religious	\$ _____	November
<input type="checkbox"/> Human Development Missions	\$ _____	March	<input type="checkbox"/> Christmas Flowers	\$ _____	November
<input type="checkbox"/> Easter Flowers	\$ _____	April	<input type="checkbox"/> Immaculate Conception	\$ _____	December
<input type="checkbox"/> Holy Thursday	\$ _____	April	<input type="checkbox"/> Children/Youth Christmas Offering	\$ _____	December
<input type="checkbox"/> Holy Land/Good Friday	\$ _____	April	<input type="checkbox"/> Nativity Offering	\$ _____	December
<input type="checkbox"/> Easter Sunday (in addition to weekly gift)	\$ _____ \$ _____	April April	<input type="checkbox"/> Parish Share/ Annual Campaign Plus	\$ _____	Monthly
<input type="checkbox"/> Ascension	\$ _____	May	<input type="checkbox"/> St. Alexis School Annual Appeal	\$ _____	Monthly
<input type="checkbox"/> American Bishop's Overseas/ East Europe/Latin America	\$ _____	May	<input type="checkbox"/> St. Alexis Angel Fund	\$ _____	Monthly
<input type="checkbox"/> Holy Father/Peter's Pence	\$ _____	June	<input type="checkbox"/> Mary's Fund	\$ _____	Bi-Monthly*
<input type="checkbox"/> Assumption	\$ _____	August	<input type="checkbox"/> Brian Woods Fund	\$ _____	Bi-Monthly*
<input type="checkbox"/> Bishop's Education Fund	\$ _____	September			(*Odd months: Jan, Mar, May, July, Sept, Nov)

I would like to enroll in the Faith Direct program. I understand that my total monthly contribution amount will be transferred directly from my checking account or credit card as stated above, a record of my gifts will appear on my bank or credit 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: _____

Parishioner Name(s): (please print) _____

Street Address: _____

Church Envelope #: _____

City/State/Zip Code: _____

Telephone: _____ E-mail: _____

Name as you would like it to appear on Offertory Cards: _____

To set up access to your account online, call Faith Direct at 1-866-507-8757 {toll-free}.

For Checking Account Debit: Please return your completed form and a copy of your voided check to Faith Direct Enrollment.

For Credit Card Debit: Please complete the following credit card information then return to Faith Direct Enrollment. (Please print.)

Type of Credit Card: VISA MasterCard American Express Discover

Credit Card #: _____ Expiration Date: _____

Print Name as Appears on Card: _____

Signature: _____

If you have any questions about the Faith Direct program, please contact us at 1-866-507-8757 {toll free} or info@faithdirect.net.