


FAITH DIRECT ENROLLMENT FORM

Saint Joseph's Catholic Church
11730 Old St. Augustine Road
Jacksonville, FL 32258

C

To enroll online, visit
www.faithdirect.net
and use code: 

FL423

Process my gifts on the: 4th *or* 15th of the month (please check only one box)

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

Offertory Contribution: \$ _____

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

Capital Campaign: Preserving Our Past, Embracing Our Future Total Pledge \$ _____

To be paid (within 5 years): Monthly \$ _____ Quarterly \$ _____ Annually \$ _____

You may also choose to give to the optional collections listed below as part of the total monthly transaction in the month listed for each.

COLLECTION	AMOUNT	MONTH	COLLECTION	AMOUNT	MONTH
<input type="checkbox"/> Building Fund & Property Maintenance	\$ _____	Monthly	<input type="checkbox"/> Special Offering for Missions in Florida & Latin America	\$ _____	July
<input type="checkbox"/> Parish Assessments	\$ _____	Monthly	<input type="checkbox"/> Missions Among Black & Native Americans	\$ _____	August
<input type="checkbox"/> Solemnity of Mary	\$ _____	January	<input type="checkbox"/> Assumption	\$ _____	August
<input type="checkbox"/> Initial Offering	\$ _____	January	<input type="checkbox"/> Catholic Communications	\$ _____	September
<input type="checkbox"/> St. Joseph Catholic School	\$ _____	January	<input type="checkbox"/> World Mission Sunday/ Propagation of the Faith	\$ _____	October
<input type="checkbox"/> Respect Life	\$ _____	January	<input type="checkbox"/> All Souls Day -Nov 2 *	\$ _____	October
<input type="checkbox"/> Catholic Relief Services	\$ _____	February	<input type="checkbox"/> All Saints Day	\$ _____	November
<input type="checkbox"/> Ash Wednesday	\$ _____	March	<input type="checkbox"/> Catholic Campaign for Human Development	\$ _____	November
<input type="checkbox"/> Eastern European Churches	\$ _____	March	<input type="checkbox"/> Christmas Flowers *	\$ _____	November
<input type="checkbox"/> Easter Flowers *	\$ _____	April	<input type="checkbox"/> Retirement Fund for Religious	\$ _____	December
<input type="checkbox"/> Holy Shrines	\$ _____	April	<input type="checkbox"/> Immaculate Conception	\$ _____	December
<input type="checkbox"/> Easter Sunday (Additional Sunday gift)	\$ _____	April	<input type="checkbox"/> Christmas	\$ _____	December
<input type="checkbox"/> Catholic Home Missions	\$ _____	May			
<input type="checkbox"/> Ascension	\$ _____	May			
<input type="checkbox"/> Peter's Pence	\$ _____	June			

* Forms will be available (or call the church) to indicate the names of your dedications for these collections.

Print Name(s): _____ CHURCH ENVELOPE #: _____

Full Address: _____

Telephone: _____ cell home E-mail: _____

Optional: If you would like to receive Offertory Cards to place in the collection basket as a sign of your electronic giving, please provide name as you would like it to appear: (e.g. Smith Family) _____

PAYMENT INFORMATION NEEDED FOR ENROLLMENT

- 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: _____ / _____

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:  _____ Date: _____