

# ENROLLMENT FORM



Saint Bernadette Church  
70 University Boulevard East  
Silver Spring, MD 20901

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

MD91



A1

Faith Direct • Attention: Enrollment • 601 S. Washington St. • Alexandria, VA 22314 • 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)

Weekly Offertory Gift: \$ \_\_\_\_\_ (Note: The total amount will be determined by the number of Sundays in the month. Some months have 5 Sundays.)

My St. Bernadette Church Capital Campaign\*\* Total Pledge \$ \_\_\_\_\_

To be paid (within 3 years):  Monthly \$ \_\_\_\_\_  Quarterly \$ \_\_\_\_\_  Semi Annually \$ \_\_\_\_\_  Annually \$ \_\_\_\_\_

You may also choose to give to the following second and special collections. The amount indicated will be debited in the month listed.

COLLECTION	AMOUNT	MONTH	COLLECTION	AMOUNT	MONTH
<input type="checkbox"/> Education	\$ _____	Monthly	<input type="checkbox"/> Holy Father	\$ _____	June
<input type="checkbox"/> Debt Reduction	\$ _____	Monthly	<input type="checkbox"/> Catholic Communications and Human Development	\$ _____	August
<input type="checkbox"/> Collection for the Poor	\$ _____	Monthly	<input type="checkbox"/> Assumption of Mary	\$ _____	August
<input type="checkbox"/> School Annual Fund**	\$ _____	Monthly	<input type="checkbox"/> Catholic University	\$ _____	September
<input type="checkbox"/> Sandwich Sunday	\$ _____	Monthly	<input type="checkbox"/> World Missions/Propagation of the Faith	\$ _____	October
<input type="checkbox"/> Solemnity of Mary	\$ _____	January	<input type="checkbox"/> All Saints	\$ _____	November
<input type="checkbox"/> First Offering	\$ _____	January	<input type="checkbox"/> All Souls*	\$ _____	November
<input type="checkbox"/> Church Missions within the US	\$ _____	January	<input type="checkbox"/> Archdiocesan Priests' Retirement	\$ _____	November
<input type="checkbox"/> School Support/Tuition Aid	\$ _____	January	<input type="checkbox"/> Thanksgiving Day	\$ _____	November
<input type="checkbox"/> Ash Wednesday	\$ _____	February	<input type="checkbox"/> Immaculate Conception	\$ _____	December
<input type="checkbox"/> Church in the Developing World	\$ _____	March	<input type="checkbox"/> Retirement for Religious	\$ _____	December
<input type="checkbox"/> Easter Flowers*	\$ _____	March	<input type="checkbox"/> Christmas	\$ _____	December
<input type="checkbox"/> Holy Thursday	\$ _____	March	<input type="checkbox"/> Christmas Flowers*	\$ _____	December
<input type="checkbox"/> Holy Land	\$ _____	April			
<input type="checkbox"/> Easter Sunday	\$ _____	April			
<input type="checkbox"/> Catholic Relief Services (Overseas)	\$ _____	May			
<input type="checkbox"/> Ascension Day	\$ _____	May			

\* Please notify the church of the names of your intentions for these collections.  
\*\* One-time gifts can be set up on-line.

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.