

# ENROLLMENT FORM



Saint James Catholic Church  
905 Park Avenue  
Falls Church, VA 22046

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

VA50



A9

Faith Direct . Attention: Enrollment . 7901 Jones Branch Dr., #500 . McLean, VA 22102 . 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 contribution:** \$ \_\_\_\_\_

**Legacy of St. James Capital Campaign: (Monthly)** \$ \_\_\_\_\_  
**(One-time Gift)** \$ \_\_\_\_\_

*(Note: 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 optional collections listed below as part of the total monthly transaction in the month listed for each.

**St. James Guardian Angel Scholarship Fund:** (Monthly gift) \$ \_\_\_\_\_ or (One-time gift) \$ \_\_\_\_\_  
**Clarke-Delaney Teachers Fund:** (Monthly gift) \$ \_\_\_\_\_ or (One-time gift) \$ \_\_\_\_\_  
**General School Support:** (Monthly gift) \$ \_\_\_\_\_ or (One-time gift) \$ \_\_\_\_\_  
**Social Outreach:** (Monthly gift) \$ \_\_\_\_\_ or (One-time gift) \$ \_\_\_\_\_

**SECOND COLLECTIONS**

	AMOUNT	MONTH
<input type="checkbox"/> Solemnity of Mary	\$ _____	January
<input type="checkbox"/> Maintenance Fund	\$ _____	January
<input type="checkbox"/> Church in Latin America	\$ _____	January
<input type="checkbox"/> Diocesan Newspaper (\$17)	\$ _____	February
<input type="checkbox"/> Maintenance Fund	\$ _____	February
<input type="checkbox"/> Ash Wednesday	\$ _____	February
<input type="checkbox"/> Aid to Church in Central & Eastern Europe	\$ _____	March
<input type="checkbox"/> Black & Native Americans	\$ _____	March
<input type="checkbox"/> Catholic Relief Services	\$ _____	March
<input type="checkbox"/> Palm Sunday	\$ _____	March
<input type="checkbox"/> Easter Flowers*	\$ _____	April
<input type="checkbox"/> Holy Land Shrines/Good Friday	\$ _____	April
<input type="checkbox"/> Easter Sunday (In addition to weekly gift)	\$ _____	April
<input type="checkbox"/> Catholic Home Missions	\$ _____	April
<input type="checkbox"/> Mother's Day *	\$ _____	May
<input type="checkbox"/> Parish Needs	\$ _____	May
<input type="checkbox"/> Diocesan Retired Priests	\$ _____	May
<input type="checkbox"/> Ascension	\$ _____	May

**SECOND COLLECTIONS**

	AMOUNT	MONTH
<input type="checkbox"/> Catholic Communications	\$ _____	June
<input type="checkbox"/> Father's Day *	\$ _____	June
<input type="checkbox"/> Peter's Pence/Holy Father	\$ _____	June
<input type="checkbox"/> Diocesan Newspaper (\$17)	\$ _____	July
<input type="checkbox"/> Assumption	\$ _____	August
<input type="checkbox"/> Parish Religious Education	\$ _____	September
<input type="checkbox"/> Maintenance Fund	\$ _____	September
<input type="checkbox"/> Catholic University	\$ _____	September
<input type="checkbox"/> Mission Sunday	\$ _____	October
<input type="checkbox"/> All Saints	\$ _____	November
<input type="checkbox"/> Fund for Retired Religious	\$ _____	November
<input type="checkbox"/> All Souls	\$ _____	November
<input type="checkbox"/> Campaign for Human Development	\$ _____	November
<input type="checkbox"/> Maintenance Fund	\$ _____	November
<input type="checkbox"/> School Annual Appeal	\$ _____	December
<input type="checkbox"/> Immaculate Conception	\$ _____	December
<input type="checkbox"/> Catholic Charities Christmas Collection	\$ _____	December
<input type="checkbox"/> Christmas	\$ _____	December

\* Please notify the church of the names of your intentions/dedications for these collections.

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: \_\_\_\_\_

Church Envelope #: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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.