

ENROLLMENT FORM



Church Name

Saint Jerome Catholic Church
23 Half Mile Road
Norwalk, CT 06851

**FOR ONLINE ENROLLMENT
USE CHURCH CODE:**

CT46

Faith Direct · 601 S. Washington Street · Alexandria, VA 22314-4109 · 1-866-507-8757 {toll free} · www.faithdirect.net

Weekly contribution amount: \$ _____

(Note: Monthly contribution amount will be calculated based on your weekly contribution amount multiplied by the number of Sundays in the month. 5 months of the year have 5 Sundays. Total amount will be deducted on the 4th day of the month.)

In addition to your weekly contribution, you may also choose to give to the following second and special collections. The amount indicated will be debited in the month listed. (on 4th day of the month)

COLLECTION	AMOUNT	MONTH	COLLECTION	AMOUNT	MONTH
<input type="checkbox"/> Solemnity of Mary	\$ _____	January	<input type="checkbox"/> Co Op Sunday	\$ _____	July
<input type="checkbox"/> Latin America	\$ _____	January	<input type="checkbox"/> Feast of the Assumption	\$ _____	August
<input type="checkbox"/> Social Concerns	\$ _____	February	<input type="checkbox"/> Catch Up Sunday	\$ _____	September
<input type="checkbox"/> Catholic Relief Services	\$ _____	March	<input type="checkbox"/> Catholic Universities	\$ _____	September
<input type="checkbox"/> Flower & Decoration	\$ _____	April	<input type="checkbox"/> Mission Sunday	\$ _____	October
<input type="checkbox"/> Good Friday/Holy Land	\$ _____	April	<input type="checkbox"/> All Souls	\$ _____	November
<input type="checkbox"/> Easter Offering	\$ _____	April	<input type="checkbox"/> All Saints	\$ _____	November
<input type="checkbox"/> Catholic Home Missions	\$ _____	April	<input type="checkbox"/> Thanksgiving	\$ _____	November
<input type="checkbox"/> Mother's Day	\$ _____	May	<input type="checkbox"/> Camp. Human Develop.	\$ _____	November
<input type="checkbox"/> Ascension	\$ _____	May	<input type="checkbox"/> Flowers	\$ _____	December
<input type="checkbox"/> Catholic Communications	\$ _____	May	<input type="checkbox"/> Immaculate Conception	\$ _____	December
<input type="checkbox"/> Father's Day	\$ _____	June	<input type="checkbox"/> Retirement for religious	\$ _____	December
<input type="checkbox"/> Peter's Pence	\$ _____	June	<input type="checkbox"/> Christmas Offering	\$ _____	December

Parishioner Name(s): _____

Street Address: _____

City/State/Zip Code: _____

Telephone: _____ Email: _____

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

I would like to enroll in the *Faith Direct* program. I understand that my 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: _____

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

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

Type of Credit Card: VISA MasterCard **Please provide 3-digit security code from back of card:** _____

American Express **Please provide 4-digit security code from front of card:** _____

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.