

ENROLLMENT FORM



Church of the Resurrection
3175 Paulskirk
Ellicott City, MD 21042

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

A7

MD389



Faith Direct • Attention: Enrollment • 7901 Jones Branch Dr., Ste 500 • McLean, VA 22102 • 1-866-507-8757 {toll free} • www.faithdirect.net

Please circle **Weekly** OR **Monthly**:

Offertory Gift: \$ _____

(Note: Total contribution amount will be debited on the 4th of the month or the next business day. If you choose Weekly Offertory, the total amount will be determined by the number of Sundays in the month. Some months have 5 Sundays.)

My Vision 2020 Capital Campaign Total Pledge \$ _____

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

PARISH COLLECTIONS

	AMOUNT	MONTH
<input type="checkbox"/> Extraordinary Repairs	\$ _____	Monthly
<input type="checkbox"/> Poor Box (St. Vincent de Paul)	\$ _____	Monthly
<input type="checkbox"/> Gabriel Network	\$ _____	Monthly
<input type="checkbox"/> Ranger Rosaries	\$ _____	Monthly
<input type="checkbox"/> Repairs Campaign Pledges	\$ _____	Monthly
<input type="checkbox"/> Feast-Mary, Mother of God	\$ _____	January
<input type="checkbox"/> Catholic School Tuition Grants	\$ _____	February
<input type="checkbox"/> Catholic Review (\$8)	\$ _____	March
<input type="checkbox"/> Easter Flowers & Environment *	\$ _____	April
<input type="checkbox"/> Easter Sunday (additional Sunday gift)	\$ _____	April
<input type="checkbox"/> Youth Ministry	\$ _____	April
<input type="checkbox"/> Catholic Review (\$8)	\$ _____	May
<input type="checkbox"/> Evangelization/Outreach	\$ _____	June
<input type="checkbox"/> Assumption	\$ _____	August
<input type="checkbox"/> Catholic Review (\$8)	\$ _____	August
<input type="checkbox"/> Catechetical Programs	\$ _____	September
<input type="checkbox"/> All Saints	\$ _____	November
<input type="checkbox"/> Catholic Review (\$8)	\$ _____	December
<input type="checkbox"/> Immaculate Conception	\$ _____	December
<input type="checkbox"/> Christmas Flowers & Environment *	\$ _____	December
<input type="checkbox"/> Christmas	\$ _____	December

OTHER GIVING OPTIONS

	AMOUNT	MONTH
<input type="checkbox"/> Special Care for Diocesan Priests	\$ _____	January
<input type="checkbox"/> Bridges to Housing Stability	\$ _____	February
<input type="checkbox"/> Eastern Europe (Ash Wednesday)	\$ _____	March
<input type="checkbox"/> Catholic Relief Services (including Latin America)	\$ _____	March
<input type="checkbox"/> SSSmile Village	\$ _____	March
<input type="checkbox"/> Holy Land Shrines (Good Friday)	\$ _____	April
<input type="checkbox"/> Catholic Communications/ Catholic University of America	\$ _____	June
<input type="checkbox"/> Pope Francis-Peter's Pence	\$ _____	June
<input type="checkbox"/> Missionary Co-op	\$ _____	July
<input type="checkbox"/> Black & Native American Missions	\$ _____	August
<input type="checkbox"/> St. Mary's Parish in Aboud	\$ _____	September
<input type="checkbox"/> Mission Sunday	\$ _____	October
<input type="checkbox"/> Archdiocesan Schools	\$ _____	October
<input type="checkbox"/> San Bartolo, El Salvador	\$ _____	October
<input type="checkbox"/> Archdiocese for Military Services	\$ _____	November
<input type="checkbox"/> Seminarians/Archdiocese of Baltimore	\$ _____	November
<input type="checkbox"/> Adopt-A-Family	\$ _____	November
<input type="checkbox"/> Campaign for Human Development	\$ _____	November
<input type="checkbox"/> Retired Religious	\$ _____	December

*Please call the church at 410-645-4016 with the names of your 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.