

FAITH DIRECT ENROLLMENT FORM

St. Maximilian Kolbe
130 Saint Maximilian Lane
Toms River, NJ 08757

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

NJ967

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

Weekly* Offertory Gift: \$ _____

Weekly* Development & Maintenance Gift: \$ _____

*(*Note: The total amount will be determined by the number of Sundays in the month. Some months have 5 Sundays. Gifts will be processed on the date you choose above. Ex: If you put \$5 weekly and a month has 5 Sundays, your payment will be \$25 one time for the month on the date you choose above.)*

You may also choose to give to the following second collections:

These collections are Annual and will be deducted each year in the month indicated.

SECOND COLLECTION	AMOUNT	MONTH	SECOND COLLECTION	AMOUNT	MONTH
<input type="checkbox"/> Faith to Move Mountains	\$ _____	One-Time	<input type="checkbox"/> Mother's Day Mass	\$ _____	May
<input type="checkbox"/> Rosary Society	\$ _____	January	<input type="checkbox"/> Ascension	\$ _____	May
<input type="checkbox"/> Holy Name Society	\$ _____	January	<input type="checkbox"/> Catholic Communications	\$ _____	June
<input type="checkbox"/> Solemnity of Mary	\$ _____	January	<input type="checkbox"/> Father's Day Mass	\$ _____	June
<input type="checkbox"/> Latin America	\$ _____	January	<input type="checkbox"/> Holy Father-Peter's Pence	\$ _____	June
<input type="checkbox"/> Monitor Annual Subscription	\$ _____	February	<input type="checkbox"/> St. Vincent de Paul	\$ _____	July
<input type="checkbox"/> Conservation of Faith	\$ _____	February	<input type="checkbox"/> Assumption	\$ _____	August
<input type="checkbox"/> Catholic Churches in Europe	\$ _____	February	<input type="checkbox"/> Catholic University	\$ _____	September
<input type="checkbox"/> Ash Wednesday	\$ _____	February	<input type="checkbox"/> World Mission Sunday	\$ _____	October
<input type="checkbox"/> Easter Flowers	\$ _____	March	<input type="checkbox"/> All Saints	\$ _____	November
<input type="checkbox"/> Black and Indian	\$ _____	March	<input type="checkbox"/> All Souls	\$ _____	November
<input type="checkbox"/> Catholic Relief Services	\$ _____	March	<input type="checkbox"/> Military Services	\$ _____	November
<input type="checkbox"/> Holy Land/Good Friday	\$ _____	April	<input type="checkbox"/> Christmas Flowers	\$ _____	December
<input type="checkbox"/> Easter Sunday (in addition to regular Sunday gift)	\$ _____	April	<input type="checkbox"/> Immaculate Conception	\$ _____	December
<input type="checkbox"/> Catholic Home Missions	\$ _____	April	<input type="checkbox"/> Religious Retirement	\$ _____	December
			<input type="checkbox"/> Christmas	\$ _____	December

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: _____