

ENROLLMENT FORM



Church Name

Ascension Catholic Church
7250 North Federal Highway
Boca Raton, FL 33487-1606

FOR ONLINE ENROLLMENT
USE CHURCH CODE:

FL7

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. Some months of the year have 5 Sundays. Total amount will be deducted on the 4th day of the month or the next business day.)

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"/> Ministry to the Needy	\$ _____	Monthly	<input type="checkbox"/> Black & Indian /Home Missions	\$ _____	June
<input type="checkbox"/> Catholic School Tuition Supplement	\$ _____	Monthly	<input type="checkbox"/> Catholic Relief Services	\$ _____	July
<input type="checkbox"/> Solemnity of Mary	\$ _____	January	<input type="checkbox"/> Assumption	\$ _____	August
<input type="checkbox"/> Diocesan Catholic School Support	\$ _____	January	<input type="checkbox"/> Church in Latin America & Africa	\$ _____	August
<input type="checkbox"/> Ash Wednesday	\$ _____	February	<input type="checkbox"/> Respect Life/Migrants	\$ _____	September
<input type="checkbox"/> Education of Seminarians & Priestly Formation	\$ _____	March	<input type="checkbox"/> Propagation of the Faith/ World Mission Sunday	\$ _____	October
<input type="checkbox"/> Holy Thursday	\$ _____	March	<input type="checkbox"/> All Saints	\$ _____	November
<input type="checkbox"/> Holy Land (Good Friday)	\$ _____	March	<input type="checkbox"/> All Souls	\$ _____	November
<input type="checkbox"/> Easter (in addition to weekly gift)	\$ _____	March	<input type="checkbox"/> Campaign for Human Development	\$ _____	November
<input type="checkbox"/> Peter's Pence	\$ _____	April	<input type="checkbox"/> Retired Religious	\$ _____	December
<input type="checkbox"/> Ascension	\$ _____	May	<input type="checkbox"/> Immaculate Conception	\$ _____	December
<input type="checkbox"/> Catholic Communication/ Catholic University	\$ _____	May	<input type="checkbox"/> Christmas	\$ _____	December

Parishioner Name(s): (please print) _____

Street Address: _____

City/State/Zip Code: _____

Telephone: _____ E-mail: _____

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

To access your account online, call Faith Direct at 1-866-507-8757 {toll-free}.

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 American Express Other
 Please provide 3-digit security code from back of card: _____
 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.