

# FAITH DIRECT ENROLLMENT FORM

St. Faustina Kowalska Parish  
5252 S Austin Ave  
Chicago, IL 60638

M1

To enroll online, visit  
[www.faithdirect.net](http://www.faithdirect.net)  
and use code: 

IL784

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

Please circle **Weekly** or **Monthly**:  
**Offertory Gift:** \$\_\_\_\_\_

*(Note: If you choose weekly, the total amount will be determined by the number of Sundays in the month. Some months have 5 Sundays.)*

Please fill in the amount of your gift to any of the following collections. This can be changed at any time either on our website or by calling Faith Direct.

COLLECTION	AMOUNT	MONTH	COLLECTION	AMOUNT	MONTH
<input type="checkbox"/> Capital Improvement Needs	\$_____	<i>Monthly</i>	<input type="checkbox"/> Assumption	\$_____	<i>August</i>
<input type="checkbox"/> Initial Offering	\$_____	<i>January</i>	<input type="checkbox"/> HNS, Ladies Guild, Senior Club	\$_____	<i>September</i>
<input type="checkbox"/> Solemnity of Mary	\$_____	<i>January</i>	<input type="checkbox"/> Seminary	\$_____	<i>September</i>
<input type="checkbox"/> Ash Wednesday	\$_____	<i>February</i>	<input type="checkbox"/> Propagation of Faith	\$_____	<i>October</i>
<input type="checkbox"/> Easter Flowers	\$_____	<i>April</i>	<input type="checkbox"/> All Souls	\$_____	<i>October</i>
<input type="checkbox"/> Holy Thursday	\$_____	<i>April</i>	<input type="checkbox"/> All Saints	\$_____	<i>November</i>
<input type="checkbox"/> Holy Land (Good Friday)	\$_____	<i>April</i>	<input type="checkbox"/> Human Development	\$_____	<i>November</i>
<input type="checkbox"/> Easter (in addition to regular Sunday gift)	\$_____	<i>April</i>	<input type="checkbox"/> Thanksgiving	\$_____	<i>November</i>
<input type="checkbox"/> Ascension	\$_____	<i>May</i>	<input type="checkbox"/> Christmas Flowers	\$_____	<i>December</i>
<input type="checkbox"/> Catholic Charities	\$_____	<i>May</i>	<input type="checkbox"/> Immaculate Conception	\$_____	<i>December</i>
<input type="checkbox"/> Retirement Fund for Priests	\$_____	<i>June</i>	<input type="checkbox"/> Religious Retirement	\$_____	<i>December</i>
<input type="checkbox"/> Peter's Pence	\$_____	<i>June</i>	<input type="checkbox"/> Christmas	\$_____	<i>December</i>
<input type="checkbox"/> Patroness Day	\$_____	<i>October</i>			

Print Name(s): \_\_\_\_\_

CHURCH  
ENVELOPE #: 

Full Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ 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: \_\_\_\_\_