

ENROLLMENT FORM



Church Name

Saint Joseph Church
6020 Old Antonia Road
Imperial, MO 63052

FOR ONLINE ENROLLMENT
USE CHURCH CODE:

MO85

Faith Direct • Attention: Enrollment • P.O. Box 7101 • Merrifield, VA 22116-7101 • 1-866-507-8757 {toll free} • www.faithdirect.net

Please circle Weekly or Monthly:
Offertory gift: Weekly/Monthly \$ _____

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

You may also choose to give to the following second and special collections.

The amount indicated will be debited in the month listed as part of the regular monthly transaction.

PARISH COLLECTIONS	AMOUNT	MONTH	ARCHDIOCESAN COLLECTIONS	AMOUNT	MONTH
<input type="checkbox"/> Parish Center Expansion	\$ _____	Monthly	<input type="checkbox"/> Catholic Relief Services	\$ _____	March
<input type="checkbox"/> St. Vincent de Paul	\$ _____	Monthly	<input type="checkbox"/> Holy Land (Good Friday)	\$ _____	April
<input type="checkbox"/> Sister Christine's Food Pantry	\$ _____	Monthly	<input type="checkbox"/> Regina Cleri	\$ _____	April
<input type="checkbox"/> Solemnity of Mary	\$ _____	January	<input type="checkbox"/> Catholic Home Missions Appeal	\$ _____	May
<input type="checkbox"/> Easter Flowers *	\$ _____	April	<input type="checkbox"/> Catholic Communications	\$ _____	May
<input type="checkbox"/> Easter Sunday (additional gift)	\$ _____	April	<input type="checkbox"/> Cardinal Glennon Hospital Booster	\$ _____	June
<input type="checkbox"/> Assumption of the Blessed Virgin Mary	\$ _____	August	<input type="checkbox"/> Peter's Pence (for the Holy Father)	\$ _____	June
<input type="checkbox"/> All Saints Day	\$ _____	November	<input type="checkbox"/> Latin America Apostolate	\$ _____	August
<input type="checkbox"/> Immaculate Conception	\$ _____	December	<input type="checkbox"/> Catholic University	\$ _____	September
<input type="checkbox"/> Christmas Flowers & Decorations *	\$ _____	December	<input type="checkbox"/> Formation of Permanent Deacons	\$ _____	October
<input type="checkbox"/> Christmas Offering	\$ _____	December	<input type="checkbox"/> World Mission Sunday	\$ _____	October
* Please notify the church of the names of your intentions for these collections.			<input type="checkbox"/> Retirement Fund for Religious	\$ _____	November
ARCHDIOCESAN COLLECTIONS	AMOUNT	MONTH	<input type="checkbox"/> Campaign for Human Development	\$ _____	November
<input type="checkbox"/> St. Louis Review Subscription (\$23)	\$ _____	January	<input type="checkbox"/> Seminary Collection	\$ _____	December
<input type="checkbox"/> Black & Indian Missions	\$ _____	February			
<input type="checkbox"/> Church in Central/Eastern Europe	\$ _____	March			

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

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: _____

Church Envelope #: _____

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

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

For Credit Card Debit: Please complete the following credit card information then return to Faith Direct Enrollment. (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.