

ENROLLMENT FORM



Church of the Holy Spirit
1800 East Libra Drive
Tempe, AZ 85283

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

AZ535



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

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

Please circle **Weekly** or **Monthly**:

Offertory Gift: \$ _____

(Note: Gifts will be processed once per month. If you choose Weekly Offertory, the total amount processed will be determined by the number of Sundays in the month. Some months have 5 Sundays.)

RECURRING COLLECTIONS

- Capital Improvement Fund (CIF): \$ _____ Monthly
- Helping Hands Donations: \$ _____ Monthly OR 5th Sundays: \$ _____ Mar \$ _____ Jun \$ _____ Aug \$ _____ Nov
- Designated Gift: \$ _____ Monthly GIFT DESIGNATION: _____

ANNUAL COLLECTIONS

- | | AMOUNT | MONTH |
|--|----------|----------|
| <input type="checkbox"/> Special Needs (Church in Latin America, Africa, & Eastern Europe) | \$ _____ | January |
| <input type="checkbox"/> Mary, Mother of God | \$ _____ | January |
| <input type="checkbox"/> Ash Wednesday | \$ _____ | February |
| <input type="checkbox"/> Catholic Relief Services | \$ _____ | March |
| <input type="checkbox"/> Easter Flowers | \$ _____ | March |
| <input type="checkbox"/> Easter Flowers | \$ _____ | April |
| <input type="checkbox"/> Holy Thursday | \$ _____ | April |
| <input type="checkbox"/> Holy Land/Good Friday | \$ _____ | April |
| <input type="checkbox"/> Easter Sunday
(In addition to regular Sunday gift.) | \$ _____ | April |
| <input type="checkbox"/> Catholic Home Missions | \$ _____ | April |
| <input type="checkbox"/> Ascension | \$ _____ | May |
| <input type="checkbox"/> Catholic Communications | \$ _____ | May |
| <input type="checkbox"/> Peter's Pence | \$ _____ | June |

ANNUAL COLLECTIONS

- | | AMOUNT | MONTH |
|---|----------|-----------|
| <input type="checkbox"/> Black & Native American Missions | \$ _____ | July |
| <input type="checkbox"/> Assumption of Mary | \$ _____ | August |
| <input type="checkbox"/> Catholic University | \$ _____ | September |
| <input type="checkbox"/> Gospel of Life | \$ _____ | October |
| <input type="checkbox"/> Mission Sunday | \$ _____ | October |
| <input type="checkbox"/> All Saints | \$ _____ | November |
| <input type="checkbox"/> Christmas Flowers | \$ _____ | November |
| <input type="checkbox"/> Campaign for Human Development | \$ _____ | November |
| <input type="checkbox"/> Thanksgiving (Helping Hands) | \$ _____ | November |
| <input type="checkbox"/> Christmas Flowers | \$ _____ | December |
| <input type="checkbox"/> Retirement Fund for Priests
& Religious | \$ _____ | December |
| <input type="checkbox"/> Immaculate Conception | \$ _____ | December |
| <input type="checkbox"/> Christmas | \$ _____ | December |

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: _____
 City/State/Zip Code: _____
 Telephone: _____ E-mail: _____

Church Envelope #: _____

- 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.