## **ENROLLMENT FORM**



St. Polycarp Roman Catholic Church 55 Ransom Lane Smyrna, DE 19977

To enroll online, use code below or scan here:

**DE831** 

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Faith Direct · Attention: Enrollment · P.O. Box /101	I · Merrifield,	VA 22116-7101 · 1- <b>866</b> -507-8757 {toll free} ·	www.faithdii	rect.net
Process my gifts on the: $\Box$ 4th or $\Box$ 15th of the month (please check only one box)				
Weekly Offertory Gift: \$ (Note: 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, special a COLLECTIONS (Holy Days italicized bold) AMOUNT  Parish Utilities (Jan, Mar, Jul, Sept) \$  Parish Maintenance (Apr, Jun, Aug, Oct) \$  Poor Box \$  New Year's Solemnity \$  Parish School of Religion \$  Ash Wednesday \$  Easter Mass Remembrance* \$  Parish School of Religion \$  Easter Flowers* \$  Parish School of Religion \$  Easter (In addition to Sunday gift) \$  Mother's Day Mass Remembrance* \$  Feast of Ascension(In addition to Sunday gift) \$  Father's Day Mass Remembrance* \$  All Souls Day Remembrance* \$  All Souls Day Remembrance* \$  All Saints Day \$  Call the parish office at (302) 653-8279 or email us at office of the point of the proportion of the point of the proportion of the point of the proportion of the point of the poin	MONTH 4 Months 4 Months 4 Months Monthly January February March March April April April May June August September October November November Wostaintpolycarg	COLLECTIONS (Holy Days italicized bold)  Christmas Flowers* Christmas Novena* Immaculate Conception Christmas DIOCESAN COLLECTIONS Catholic University & Communication Black, Indian & Home Missions Catholic Relief & Latin America Rice Bowl Holy Land Shrines Priests Retirement Works of the Holy Father Church in Central and Eastern Europe Cathedral of St. Peter Share in the Spirit World Mission Sunday Human Development Religious Retirement Corg to give the names of your dedications or interest are record of my gifts will appear on my bancrease, decrease or suspend my giving being controlled.	SSSSSSSS	MONTH December December December December January February March April April May June July August September October November December se collections.  ansferred statement, Faith
Signature: X Date:				
Name(s): (please print)  Street Address:  City/State/Zip Code:			_	Envelope #:
Telephone: F				
☐ Name as I/we would like it to appear on Offertory Cards:				
$If you choose to enroll by mail, you can contact Faith Direct at 1-866-507-8757 \ \{toll-free\} \ to set up online access to your account.$				
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 <i>Faith Direct</i> program, please contact us at 1- <b>866</b> -507-8757 {toll free} or <i>info@faithdirect.net</i> .				