

ENROLLMENT FORM



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

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

DE831



Faith Direct • Attention: Enrollment • 7901 Jones Branch Dr. #500 • McLean, VA 22102 • 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)

Weekly Offertory Gift: \$ _____ (Note: The total amount will be determined by the number of Sundays in the month. Some months have 5 Sundays.)

COLLECTIONS (Holy Days italicized bold)	AMOUNT	MONTH	COLLECTIONS (Holy Days italicized bold)	AMOUNT	MONTH
<input type="checkbox"/> Parish Utilities (Jan, Mar, Jul, Sept)	\$ _____	4 Months	<input type="checkbox"/> Christmas Novena*	\$ _____	December
<input type="checkbox"/> Parish Maintenance (Apr, Jun, Aug, Oct)	\$ _____	4 Months	<input type="checkbox"/> Immaculate Conception	\$ _____	December
<input type="checkbox"/> Poor Box	\$ _____	Monthly	<input type="checkbox"/> Christmas	\$ _____	December
<input type="checkbox"/> New Year's Solemnity	\$ _____	January	DIOCESAN COLLECTIONS		
<input type="checkbox"/> Parish School of Religion	\$ _____	January	<input type="checkbox"/> Catholic University & Communication	\$ _____	January
<input type="checkbox"/> Ash Wednesday	\$ _____	February	<input type="checkbox"/> Black, Indian & Home Missions	\$ _____	February
<input type="checkbox"/> Easter Mass Remembrance*	\$ _____	March	<input type="checkbox"/> Catholic Relief & Latin America	\$ _____	March
<input type="checkbox"/> Easter Flowers*	\$ _____	April	<input type="checkbox"/> Rice Bowl	\$ _____	March
<input type="checkbox"/> Parish School of Religion	\$ _____	April	<input type="checkbox"/> Holy Land Shrines	\$ _____	April
<input type="checkbox"/> Easter (In addition to Sunday gift)	\$ _____	April	<input type="checkbox"/> Priests Retirement	\$ _____	May
<input type="checkbox"/> Mother's Day Mass Remembrance*	\$ _____	April	<input type="checkbox"/> Works of the Holy Father	\$ _____	June
<input type="checkbox"/> Feast of Ascension (In addition to Sunday gift)	\$ _____	May	<input type="checkbox"/> Church in Central and Eastern Europe	\$ _____	July
<input type="checkbox"/> Father's Day Mass Remembrance*	\$ _____	June	<input type="checkbox"/> Cathedral of St. Peter	\$ _____	August
<input type="checkbox"/> Feast of Assumption	\$ _____	August	<input type="checkbox"/> Share in the Spirit	\$ _____	September
<input type="checkbox"/> Parish School of Religion	\$ _____	September	<input type="checkbox"/> World Mission Sunday	\$ _____	October
<input type="checkbox"/> All Souls Day Remembrance*	\$ _____	October	<input type="checkbox"/> Human Development	\$ _____	November
<input type="checkbox"/> All Saints Day	\$ _____	November	<input type="checkbox"/> Religious Retirement	\$ _____	December
<input type="checkbox"/> St. Vincent de Paul	\$ _____	November			
<input type="checkbox"/> Christmas Flowers*	\$ _____	November			

* Call the parish office at (302) 653-8279 or email us at office@saintpolycarp.org to give the names of your dedications or intentions for these collections

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: _____

Church Envelope #: _____

City/State/Zip Code: _____

Telephone: _____ E-mail: _____

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.