


FAITH DIRECT ENROLLMENT FORM

Our Lady Queen of Martyrs Church
833 Magellan Dr
Sarasota, FL 34243

To enroll online, visit
www.faithdirect.net
and use code: 

FL1041

IP

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

Weekly Offertory Gift: \$ _____

(Note: The total amount to be debited once a month will be determined by the number of Sundays in the month. Some months have 5 Sundays.)

COLLECTION	AMOUNT	MONTH
<input type="checkbox"/> Debt Reduction	\$ _____	Monthly
<input type="checkbox"/> St. Vincent de Paul (Mar., May, Aug., Nov.)	\$ _____	Months with 5 Sundays
<input type="checkbox"/> Solemnity of Mary	\$ _____	January
<input type="checkbox"/> Seminary Support	\$ _____	January
<input type="checkbox"/> Church in Latin America	\$ _____	January
<input type="checkbox"/> CFA Commitment Sunday	\$ _____	February
<input type="checkbox"/> Ash Wednesday	\$ _____	February
<input type="checkbox"/> Operation Rice Bowl	\$ _____	February
<input type="checkbox"/> Black and Indian Missions	\$ _____	March
<input type="checkbox"/> Catholic Relief Services	\$ _____	March
<input type="checkbox"/> Church Decorations	\$ _____	March
<input type="checkbox"/> Holy Thursday	\$ _____	April
<input type="checkbox"/> Good Friday/Holy Land	\$ _____	April
<input type="checkbox"/> Easter Sunday (additional Sunday gift)	\$ _____	April
<input type="checkbox"/> Catholic Home Mission	\$ _____	April
<input type="checkbox"/> Mother's Day	\$ _____	May
<input type="checkbox"/> Catholic Communications	\$ _____	May
<input type="checkbox"/> Father's Day	\$ _____	June

COLLECTION	AMOUNT	MONTH
<input type="checkbox"/> Franciscan Friar Education	\$ _____	June
<input type="checkbox"/> Peter's Pence	\$ _____	June
<input type="checkbox"/> Assumption	\$ _____	August
<input type="checkbox"/> Solidarity Fund for the Church in Africa	\$ _____	August
<input type="checkbox"/> Catholic Univ. of America	\$ _____	September
<input type="checkbox"/> Faith Formation Education	\$ _____	September
<input type="checkbox"/> Respect Life Sunday	\$ _____	October
<input type="checkbox"/> World Mission Sunday	\$ _____	October
<input type="checkbox"/> All Saints	\$ _____	November
<input type="checkbox"/> All Souls	\$ _____	November
<input type="checkbox"/> Florida Catholic Sunday	\$ _____	November
<input type="checkbox"/> Campaign for Human Development	\$ _____	November
<input type="checkbox"/> Thanksgiving	\$ _____	November
<input type="checkbox"/> Church Decorations	\$ _____	December
<input type="checkbox"/> Immaculate Conception	\$ _____	December
<input type="checkbox"/> Retirement Fund Religious	\$ _____	December
<input type="checkbox"/> Christmas	\$ _____	December

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: _____