FAITH DIRECT ENROLLMENT FORM

Saint Joseph Catholic Church 750 Peachtree Street Herndon, VA 20170-3798

IP

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

VA101

Process my gifts on t	he: 🛭 4th	or 🗆 15	5th of the month (please check only	one box)	-
Weekly* Sunday Offertory Gift: \$*Note: If you choose weekly, the total amount will be determined by the number of Sundays in the month. Some months have 5 Sundays. Facilities Fund Monthly Gift: \$					
You are encouraged to contribute to the month listed.	e following se	cond and spe	cial collections. The amount indicated w	vill be debited i	in the
2021 COLLECTION □ Solemnity of Mary (Holy Day) □ Church in Latin America □ Diocesan Newspaper Subscription (\$30) □ Aid to Church in Central & Eastern Europe (Ash Wednesday) □ Black & Indian Missions □ Catholic Relief Services □ Parish Catholic Education Fund □ Holy Thursday (Facility) □ Holy Land Shrines (Good Friday) □ Easter Sunday (In addition to Sunday Offertory gift.) □ Catholic Home Missions □ Vacation Bible School □ Catholic Communications □ Diocesan Retired Priests	\$\$ \$\$	MONTH Jan. 1 Jan. 24 Feb. 14 Feb. 17 Feb. 21 Mar. 14 Mar. 21 Apr. 1 Apr. 2 Apr. 4 Apr. 25 May 9 May 16 May 23	2021 COLLECTION □ Special Parish Needs (Pastor's Option) □ Peter's Pence/Holy Father □ Parish Solidarity Fund for Africa □ Assumption of Mary □ Parish Catholic Education Fund □ Catholic University □ Religious Education (CCD) □ Parish Catholic Education Fund □ World Mission Sunday □ All Saints □ Retired Religious □ Campaign for Human Development □ Immaculate Conception □ Catholic Charities' Collection □ Parish Catholic Education Fund □ Christmas Offering	\$	June 13 June 27 July 11 Aug. 15 Aug. 29 Sept. 12 Sept. 26 Oct. 10 Oct. 24 Nov. 1 Nov. 14 Nov. 21 Dec. 8 Dec. 12 Dec. 19 Dec. 25
	Offertory Car		the collection basket as a sign of your e		g,
PAYMENT INFORMATION NEEDED For Bank Account Debit – Please For Credit/Debit Card – Please	return this co	LLMENT mpleted form llowing:	n and a voided check to Faith Direct Enr VISA MasterCard American Expiration Date:	ollment. n Express	Discover
I would like to enroll in the Faith Directly from my bank account or cred and my transfers will begin next month toll free at 1-866-507-8757. {All gifts pro	ect program. I it/debit card a h. I understand ovided to your Cl	I understand is stated abov d that I can in hurch originatin	that my total monthly contribution ame. A record of my gifts will appear on my acrease, decrease or suspend my giving by as Automated Clearing House transactions con	ount will be to bank or card s y contacting Fa	ransferred statement, nith Direct
Signature: X			Date:		