

ENROLLMENT FORM



Church Name

Our Lady of Fatima Church
6 Cottonwood Road
Manorhaven, NY 11050

FOR ONLINE ENROLLMENT
USE CHURCH CODE:

MI

NY303

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

Weekly Offertory contribution: \$ _____

(Note: Total contribution amount will be debited on the 4th of the month or the next business day. 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 optional collections listed below as part of the total monthly transaction in the month listed for each.

COLLECTION	AMOUNT	MONTH	COLLECTION	AMOUNT	MONTH
<input type="checkbox"/> Solemnity of Mary	\$ _____	January	<input type="checkbox"/> Father's Day *	\$ _____	June
<input type="checkbox"/> Support the <i>Long Island Catholic</i> (this collection occurs in Dec in 2011)	\$ _____	January	<input type="checkbox"/> Religious Retirement Fund	\$ _____	June
<input type="checkbox"/> Church in Need	\$ _____	February	<input type="checkbox"/> Peter's Pence	\$ _____	June
<input type="checkbox"/> Snow Removal	\$ _____	February	<input type="checkbox"/> Air Conditioning	\$ _____	July
<input type="checkbox"/> Fuel	\$ _____	March	<input type="checkbox"/> Assumption	\$ _____	August
<input type="checkbox"/> Catholic Relief Services	\$ _____	April	<input type="checkbox"/> Catholic University	\$ _____	September
<input type="checkbox"/> Easter Flowers*	\$ _____	April	<input type="checkbox"/> Support Religious Education	\$ _____	September
<input type="checkbox"/> Holy Land	\$ _____	April	<input type="checkbox"/> Special Needs of Retired Priests	\$ _____	September
<input type="checkbox"/> Easter Novena*	\$ _____	April	<input type="checkbox"/> Respect Life	\$ _____	October
<input type="checkbox"/> Easter Gift (additional Sunday gift)	\$ _____	April	<input type="checkbox"/> All Souls Day *	\$ _____	October
<input type="checkbox"/> Maintenance & Repair	\$ _____	April	<input type="checkbox"/> Mission Sunday	\$ _____	October
<input type="checkbox"/> Catholic Elementary Schools	\$ _____	May	<input type="checkbox"/> All Saints Day	\$ _____	November
<input type="checkbox"/> Mother's Day *	\$ _____	May	<input type="checkbox"/> Catholic Campaign/Home Missions	\$ _____	November
<input type="checkbox"/> Ascension	\$ _____	May	<input type="checkbox"/> Immaculate Conception	\$ _____	December
<input type="checkbox"/> Catholic Communications	\$ _____	May	<input type="checkbox"/> Christmas Flowers*	\$ _____	December
<input type="checkbox"/> Garden Offering	\$ _____	May	<input type="checkbox"/> Christmas Novena*	\$ _____	December
			<input type="checkbox"/> Christmas Gift	\$ _____	December

* Please call the church at 516-767-0781 with 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 checking account or credit card as stated above, a record of my gifts will appear on my bank or credit 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 Checking Account Debit: Please return this completed form and a voided check to Faith Direct Enrollment.

For Credit Card Debit: Please complete the following... VISA MasterCard American Express Discover

Credit Card #: _____ Expiration Date: _____

Print Name as Appears on Card: _____

Signature: _____

If you have any questions about the Faith Direct program, please contact us at 1-866-507-8757 {toll free} or info@faithdirect.net.