

ENROLLMENT FORM



Church Name

Church of St. Thomas the Apostle
24 Westminster Road
West Hempstead, NY 11552

FOR ONLINE ENROLLMENT
USE CHURCH CODE:

NY63

Faith Direct · 601 S. Washington Street · Alexandria, VA 22314-4109 · 1-866-507-8757 {toll free} · www.faithdirect.net

Weekly contribution amount: \$ _____

(Note: Monthly contribution amount will be calculated based on your weekly contribution amount multiplied by the number of Sundays in the month. Some months of the year have 5 Sundays. Total amount will be deducted on the 4th of the month or the next business day.)

In addition to your weekly contribution, you may also choose to give to the following second and special collections. The amount indicated will be debited in the month listed. (on the 4th of the month)

COLLECTION	AMOUNT	MONTH	COLLECTION	AMOUNT	MONTH
<input type="checkbox"/> Solemnity of Mary	\$ _____	January	<input type="checkbox"/> St. Thomas Building Improvements	\$ _____	July
<input type="checkbox"/> Support the Long Island Catholic	\$ _____	January	<input type="checkbox"/> Assumption of Mary	\$ _____	August
<input type="checkbox"/> St. Thomas School	\$ _____	January	<input type="checkbox"/> St. Thomas Lawn & Shrubs	\$ _____	August
<input type="checkbox"/> Church in Need (Ash Wednesday)	\$ _____	February	<input type="checkbox"/> Diocesan Catholic University	\$ _____	September
<input type="checkbox"/> St. Thomas Respect Life	\$ _____	February	<input type="checkbox"/> St Thomas Religious Education	\$ _____	September
<input type="checkbox"/> Diocesan Catholic Relief Services	\$ _____	March	<input type="checkbox"/> Diocesan Respect Life	\$ _____	October
<input type="checkbox"/> St. Thomas Easter Flowers	\$ _____	March	<input type="checkbox"/> Diocesan Mission Sunday	\$ _____	October
<input type="checkbox"/> Good Friday/Holy Land Sanctuaries	\$ _____	March	<input type="checkbox"/> St. Thomas Human Services	\$ _____	October
<input type="checkbox"/> Easter Sunday (additional gift)	\$ _____	March	<input type="checkbox"/> All Saints Day	\$ _____	November
<input type="checkbox"/> St. Thomas Youth Ministry	\$ _____	April	<input type="checkbox"/> All Souls Day	\$ _____	November
<input type="checkbox"/> Ascension Thursday	\$ _____	May	<input type="checkbox"/> St. Thomas Adult Education	\$ _____	November
<input type="checkbox"/> Diocesan Catholic Schools	\$ _____	May	<input type="checkbox"/> Diocesan Campaign for Human Development	\$ _____	November
<input type="checkbox"/> Diocesan Communications	\$ _____	May	<input type="checkbox"/> Immaculate Conception	\$ _____	December
<input type="checkbox"/> Diocesan Religious Retirement	\$ _____	June	<input type="checkbox"/> St. Thomas Christmas Decorations	\$ _____	December
<input type="checkbox"/> St. Thomas Utilities	\$ _____	June	<input type="checkbox"/> Christmas	\$ _____	December
<input type="checkbox"/> Peter's Pence	\$ _____	June			

Parishioner Name(s): _____

Street Address: _____

City/State/Zip Code: _____

Telephone: _____ Email: _____

Name as you would like it to appear on Offertory Cards: _____

To access your account online, call Faith Direct at 866-507-8757

I would like to enroll in the Faith Direct program. I understand that my 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: _____

For Checking Account Debit: Please return your completed form and a copy of your voided check to Faith Direct headquarters.

For Credit Card Debit: Please complete the following credit card information then return to Faith Direct headquarters. (Please print.)

Type of Credit Card: VISA MasterCard **Please provide 3-digit security code from back of card:** _____

American Express **Please provide 4-digit security code from front of card:** _____

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.