

ENROLLMENT FORM



St. Thomas More
8035 South Quebec Street
Centennial, CO 80112

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

CO739

MI



Faith Direct • Attention: Enrollment • P.O. Box 7101 • Merrifield, VA 22116-7101 • 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)

My/Our Stewardship gift to St. Thomas More

Please circle **Weekly** or **Monthly**: \$ _____

(Note: If you choose **Weekly**, 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 following second and special collections.
The amount indicated will be debited in the month listed as part of the regular monthly transaction.

COLLECTION	AMOUNT	MONTH	COLLECTION	AMOUNT	MONTH
<input type="checkbox"/> Solemnity of Mary	\$ _____	January	<input type="checkbox"/> Assumption	\$ _____	August
<input type="checkbox"/> Church in Eastern Europe (Ash Wednesday)	\$ _____	February	<input type="checkbox"/> All Saints	\$ _____	November
<input type="checkbox"/> Holy Land (Good Friday)	\$ _____	March	<input type="checkbox"/> Immaculate Conception	\$ _____	December
<input type="checkbox"/> Easter Sunday (In addition to regular Sunday gift.)	\$ _____	March	<input type="checkbox"/> Christmas	\$ _____	December

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: _____
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 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.