

ENROLLMENT FORM



Saint Hilary Church
2750 West Market Street
Fairlawn, OH 44333

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

OH247



IP

Faith Direct · Attention: Enrollment · 601 S. Washington St. · Alexandria, VA 22314 · 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)

Weekly Offertory Contribution: \$ _____

(Note: The total Weekly Offertory 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"/> St. Hilary Parish Foundation (You will be contacted as to the fund designation.)	\$ _____	One-Time Only	<input type="checkbox"/> Office Catechetical Services (Newman Campus)	\$ _____	May
<input type="checkbox"/> St. Vincent de Paul Society	\$ _____	Monthly	<input type="checkbox"/> Homeless Ministry	\$ _____	June
<input type="checkbox"/> Tuition Assistance	\$ _____	Monthly	<input type="checkbox"/> Youth Mission Trip	\$ _____	June
<input type="checkbox"/> Capital Improvement Fund	\$ _____	Monthly	<input type="checkbox"/> Holy Father - Peter's Pence	\$ _____	June
<input type="checkbox"/> Parish School of Religion	\$ _____	Monthly	<input type="checkbox"/> Missionary Co-op Sunday	\$ _____	July
<input type="checkbox"/> Solemnity of Mary	\$ _____	January	<input type="checkbox"/> Catholic Education	\$ _____	August
<input type="checkbox"/> Catholic University	\$ _____	January	<input type="checkbox"/> Assumption	\$ _____	August
<input type="checkbox"/> Latin America	\$ _____	January	<input type="checkbox"/> Catholic Communication	\$ _____	September
<input type="checkbox"/> Black and Indian Missions	\$ _____	March	<input type="checkbox"/> Blanket Sunday Drive (SVDP)	\$ _____	October
<input type="checkbox"/> Easter Flowers *	\$ _____	March	<input type="checkbox"/> Propagation of the Faith (World Mission Sunday)	\$ _____	October
<input type="checkbox"/> Catholic Relief Services	\$ _____	March	<input type="checkbox"/> All Saints	\$ _____	October
<input type="checkbox"/> Eastern Europe	\$ _____	April	<input type="checkbox"/> Catholic Campaign for Human Development	\$ _____	November
<input type="checkbox"/> Holy Thursday (Hunger Programs)	\$ _____	April	<input type="checkbox"/> Christmas Flowers *	\$ _____	November
<input type="checkbox"/> Holy Land/Good Friday	\$ _____	April	<input type="checkbox"/> Immaculate Conception	\$ _____	December
<input type="checkbox"/> Easter Sunday (in addition to regular Sunday gift)	\$ _____	April	<input type="checkbox"/> Retirement Fund for Religious	\$ _____	December
<input type="checkbox"/> Home Missions	\$ _____	April	<input type="checkbox"/> Christmas	\$ _____	December
<input type="checkbox"/> Garden Ministry	\$ _____	April			

* Forms will be available in the church (or call the parish office) to indicate the names of your dedications/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 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.