


FAITH DIRECT ENROLLMENT FORM

St. John the Evangelist
602 W. Ajo Way
Tucson, AZ 85713

M1

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

AZ908

Process my gifts on the: 4th or 15th of the month (please check only one box)

Offertory Gift: \$ _____

Frequency: Weekly* or Monthly

(*If you choose **weekly**, the total amount will be determined by the number of Sundays in the month. Some months have **5 Sundays**.)

"Our Children. Our Treasure." Building Project Total Pledge \$ _____

To be paid (within 5 years): Monthly \$ _____ Quarterly \$ _____ Semi Annually \$ _____ Annually \$ _____

You may also choose to give to the following collections:

COLLECTION	AMOUNT	MONTH	COLLECTION	AMOUNT	MONTH
<input type="checkbox"/> Air Conditioning	\$ _____	Monthly	<input type="checkbox"/> Holy Father-Peter's Pence	\$ _____	June
<input type="checkbox"/> Casa San Juan	\$ _____	Monthly	<input type="checkbox"/> Assumption	\$ _____	August
<input type="checkbox"/> Chapel	\$ _____	Monthly	<input type="checkbox"/> Fiesta	\$ _____	September
<input type="checkbox"/> Maintenance	\$ _____	Monthly	<input type="checkbox"/> Diocesan Catholic School	\$ _____	September
<input type="checkbox"/> St. Vincent de Paul	\$ _____	Monthly	<input type="checkbox"/> World Mission Sunday	\$ _____	October
<input type="checkbox"/> Solemnity of Mary	\$ _____	January	<input type="checkbox"/> Thanksgiving Fundraising	\$ _____	October
<input type="checkbox"/> Ash Wednesday	\$ _____	March	<input type="checkbox"/> All Saints	\$ _____	November
<input type="checkbox"/> Black & Indian Missions	\$ _____	March	<input type="checkbox"/> Campaign for Human	\$ _____	November
<input type="checkbox"/> Catholic Relief Services	\$ _____	March	Development	\$ _____	November
<input type="checkbox"/> Catholic Home Missions	\$ _____	April	<input type="checkbox"/> Thanksgiving	\$ _____	November
<input type="checkbox"/> Holy Land (Good Friday)	\$ _____	April	<input type="checkbox"/> Christmas Fundraising	\$ _____	November
<input type="checkbox"/> Holy Thursday	\$ _____	April	<input type="checkbox"/> Our Lady of Guadalupe	\$ _____	December
<input type="checkbox"/> Easter Sunday (in addition	\$ _____	April	<input type="checkbox"/> Immaculate Conception	\$ _____	December
to regular Sunday gift)	\$ _____	April	<input type="checkbox"/> Retirement for Religious	\$ _____	December
<input type="checkbox"/> Catholic Communications	\$ _____	May	<input type="checkbox"/> Christmas	\$ _____	December

Print Name(s): _____

CHURCH ENVELOPE #: _____

Full Address: _____

Telephone: _____ E-mail: _____

Optional: If you would like to receive Offertory Cards to place in the collection basket as a sign of your electronic giving, please provide name as you would like it to appear: (e.g. Smith Family) _____

PAYMENT INFORMATION NEEDED FOR ENROLLMENT

- 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: _____ / _____

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:  _____ Date: _____