

E-GIVING ENROLLMENT FORM



Cathedral of St. Matthew the Apostle
1725 Rhode Island Avenue, NW
Washington, DC 20036

FOR ONLINE ENROLLMENT
USE CHURCH CODE:

MI

DC284

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

“As each one has received a gift, use it to serve one another as good stewards of God’s varied grace.” (Peter 4:10)

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 following second and special collections.

The amount indicated will be debited in the month listed as part of the regular monthly transaction.

COLLECTIONS	AMOUNT	MONTH	COLLECTIONS	AMOUNT	MONTH
<input type="checkbox"/> Cathedral Maintenance	\$ _____	Monthly	<input type="checkbox"/> Holy Father	\$ _____	June
<input type="checkbox"/> Music Ministry	\$ _____	Monthly	<input type="checkbox"/> Latin America	\$ _____	July
<input type="checkbox"/> Poor Box/Outreach	\$ _____	Monthly	<input type="checkbox"/> Catholic Communications	\$ _____	August
<input type="checkbox"/> Solemnity of Mary	\$ _____	January	<input type="checkbox"/> Assumption	\$ _____	August
<input type="checkbox"/> Black & Indian Missions	\$ _____	January	<input type="checkbox"/> Catholic University	\$ _____	September
<input type="checkbox"/> Church in Central & Eastern Europe	\$ _____	February	<input type="checkbox"/> Church in Africa	\$ _____	September
<input type="checkbox"/> Ash Wednesday	\$ _____	February	<input type="checkbox"/> Propagation of the Faith	\$ _____	October
<input type="checkbox"/> Holy Thursday	\$ _____	March/April	<input type="checkbox"/> All Saints Day	\$ _____	November
<input type="checkbox"/> Holy Land	\$ _____	March/April	<input type="checkbox"/> All Souls Day*	\$ _____	November
<input type="checkbox"/> Easter Flowers	\$ _____	March/April	<input type="checkbox"/> Camp. for Human Development	\$ _____	November
<input type="checkbox"/> Easter Sunday	\$ _____	March/April	<input type="checkbox"/> Retirement Fund for Religious	\$ _____	December
(In addition to regular Sunday gift)	\$ _____	March/April	<input type="checkbox"/> Immaculate Conception	\$ _____	December
<input type="checkbox"/> Catholic Home Missions	\$ _____	April	<input type="checkbox"/> Christmas Flowers	\$ _____	December
<input type="checkbox"/> Catholic Relief Services	\$ _____	May	<input type="checkbox"/> Christmas	\$ _____	December

**Please call the church at 202-347-3215 with the names of your intentions for this collection.*

I would like to enroll in the Faith Direct program for the benefit of the Cathedral of St. Matthew the Apostle. 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 on the 4th or next business day of the month following my enrollment. 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 US law.}*

Signature: X _____ Date: _____

Name(s): (please print) _____

Street Address: _____

Church Envelope #: _____

City/State/Zip Code: _____

Telephone: _____ E-mail: _____

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.