## **ENROLLMENT FORM**



Saint Sophia Greek Orthodox Cathedral 2815 36th Street, NW Washington, DC 20007

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

A2

DC408

Faith Direct · Attention: Enrollment ·	P.O. Box 7101 ·	Merrifield, VA 22116-7101 ·	1-866-507-87	57 {toll free}	· www.faithdi	irect.net
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**Process my gifts on the:**  $\sqcup$  4th or  $\sqcup$  15th of the month (please check only one box) (Note: Your gifts will be processed in one transaction **Monthly Membership Dues: \$\_\_\_\_\_** on the 4th or 15th, or the next business day) In addition to the above, Faith Direct will provide you the means to make your weekly offering even when you are unable to attend the Divine Liturgy--in effect, to "light a candle," electronically. Weekly Collection Tray of the Cathedral: (Total amount for each Sunday) **\$10.00 \$15.00** □ \$5.00 **□** \$20.00 **□** Other \$ The total amount will be debited on the 15th of each month or the next business day. The total amount will be determined by the number of Sundays in the month. Please note that some months have 5 Sundays. You may also choose to give to the following special collections. The amount indicated will be debited in the month listed as part of the regular monthly transaction. **COLLECTION AMOUNT** MONTH ☐ Orthodox Easter - Pascha April ☐ Dormition of the Theotokos August ☐ Thanksgiving Day November ☐ Christmas - Nativity of Christ December

The seventy-two major feast and saint days of the ecclesiastical year are available online at **www.faithdirect.net** or by phone at 866-507-8757 (toll-free)

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:		
	E-mail:	

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*.