

CAPITAL CAMPAIGN

* For Online Enrollment use Church Code: VA401 or scan here:



Church Name

Saint Ambrose Catholic Church
3901 Woodburn Road
Annandale, VA 22003

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 prayerful pledge to the Building for Our Faith Capital Campaign is: \$ _____

Pledge payment options:

(Pledge payments will begin in the month following Faith Direct's receipt of your pledge information. If you would like to fulfill your pledge in a manner not indicated on this form, please call Faith Direct at 866-507-8757 {toll-free}.)

10% Initial Down Payment Suggested: \$ _____ Paid by check to the church
 To be processed electronically by Faith Direct

Balance of \$ _____ to be paid:

\$ _____ Monthly over: 24 payments 36 payments 60 payments Other: _____ payments

\$ _____ Quarterly over: 8 payments 12 payments Other: _____ payments

Quarterly payments to occur in (please check one): Jan/Apr/Jul/Oct Feb/May/Aug/Nov Mar/Jun/Sept/Dec

\$ _____ Semi-Annually over: 4 payments 6 payments Other: _____ payments

Semi-Annual payments to occur in (please check one): Jan/Jul Feb/Aug Mar/Sept Apr/Oct May/Nov Jun/Dec

\$ _____ Annually over: 2 years 3 years 3 years Other: _____ years Month for annual debit: _____

One Time Gift of: \$ _____

I would like my pledge to the Capital Campaign to be processed through Faith Direct. I understand that pledge amount will be transferred directly from my bank account or credit/debit card as stated above and that a record of my pledge will appear on my bank or card statement. I understand that I can increase, decrease or suspend my pledge 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: _____

Church Envelope #: _____

City/State/Zip Code: _____

Telephone: _____

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. We thank you for considering enrollment in this direct debit program. Although our preference is withdrawal from your bank account, charges to credit cards are also accepted. However, Saint Ambrose Catholic Church is charged a small fee for credit card charges.

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.