

ENROLLMENT FORM



St. Jude Catholic Church
204 U.S. Highway One
Tequesta, FL 33469

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

Please Check One: **Weekly Offertory Gift: \$ _____**
OR

Monthly Offertory Gift: \$ _____

(Note: Weekly gifts will be multiplied by # of Sundays in the month. Some months have 5 Sundays. The total Weekly gift amount, plus any extra gifts indicated below, will be processed once per month.)

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 regular monthly transaction.

COLLECTIONS	AMOUNT	MONTH	COLLECTIONS	AMOUNT	MONTH
<input type="checkbox"/> Maintenance & Improvements	\$ _____	Monthly	<input type="checkbox"/> Father's Day Offering*	\$ _____	June
<input type="checkbox"/> Solemnity of Mary	\$ _____	January	<input type="checkbox"/> Catholic Relief Services	\$ _____	July
<input type="checkbox"/> Initial Offering (\$5 suggested)	\$ _____	January	<input type="checkbox"/> Latin America	\$ _____	August
<input type="checkbox"/> Catholic Education	\$ _____	January	<input type="checkbox"/> Assumption	\$ _____	August
<input type="checkbox"/> Diocesan Retired Priests	\$ _____	February	<input type="checkbox"/> Respect Life / Migrants	\$ _____	September
<input type="checkbox"/> Ash Wednesday	\$ _____	March	<input type="checkbox"/> World Mission Sunday / Propagation of the Faith	\$ _____	October
<input type="checkbox"/> Seminary Collection	\$ _____	March	<input type="checkbox"/> All Saints	\$ _____	November
<input type="checkbox"/> Easter Flowers*	\$ _____	April	<input type="checkbox"/> All Souls Day*	\$ _____	November
<input type="checkbox"/> Holy Land / Good Friday	\$ _____	April	<input type="checkbox"/> Campaign For Human Development	\$ _____	November
<input type="checkbox"/> Easter Sunday (In addition to regular Sunday Gift)	\$ _____	April	<input type="checkbox"/> Christmas Flowers*	\$ _____	December
<input type="checkbox"/> Peter's Pence / Holy Father	\$ _____	April	<input type="checkbox"/> Retirement Fund of Religious	\$ _____	December
<input type="checkbox"/> Mother's Day Offering*	\$ _____	May	<input type="checkbox"/> Immaculate Conception	\$ _____	December
<input type="checkbox"/> Catholic Communication / (Catholic University of America)	\$ _____	May	<input type="checkbox"/> Christmas Gift	\$ _____	December
<input type="checkbox"/> Black & Native American Missions	\$ _____	June			

**Please notify the church of the names of your dedications for these collections*

I would like to enroll in the St. Jude Catholic Church program. I understand that my total monthly contribution amount will be transferred from credit/debit cards as stated above, a record of my gifts will appear on my card statement, and my transfers will begin next month. I understand that I can increase, decrease or suspend my giving by contacting St. Jude Catholic Church 561-746-7974

Signature: **X** _____ Date _____

Name(s): (please print) _____

Street Address: _____

City/State/Zip Code: _____

Church Envelope # _____

Telephone: _____ E-mail: _____

Name as I/we would like to 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 St. Jude Catholic Church 561-746-7974

For Credit/Debit Card: Please complete Following ... VISA MasterCard American Express Discover
Credit/Debit Card # _____ Expiration Date: _____

Zip Code: _____ CVV (3 or 4 Digits): _____