



Below is the donations card for the DMF Ministry. You can download it (in pdf), fill it out and send it to the address below:

Diocesan Ministry Fund
Diocese of Pueblo
101 N. Greenwood Street
Pueblo, CO 81003-3164

CREDIT CARD PAYMENT OPTION	EFT OPTION AUTOMATIC WITHDRAWAL FROM BANK ACCOUNT (PLEASE ATTACH A VOIDED CHECK)
<input type="checkbox"/> Please make a ONE-TIME CHARGE OF MY TOTAL PLEDGE (\$_____). <input type="checkbox"/> Please charge my credit card in EQUAL QUARTERLY INSTALLMENTS. <input type="checkbox"/> Please charge my credit card in EQUAL MONTHLY INSTALLMENTS. Preferred day of the month for charges: <input type="checkbox"/> 3rd <input type="checkbox"/> 17th <input type="checkbox"/> Visa <input type="checkbox"/> M/C <input type="checkbox"/> Discover <input type="checkbox"/> Am Ex [] [] [] [] - [] [] [] [] - [] [] [] [] - [] [] [] [] Name on Card (Please Print) _____ Expiration Date (Month) _____ / (Year) _____ Signature _____ Date _____	<input type="checkbox"/> Please deduct MY TOTAL PLEDGE (\$_____) from my bank account. <input type="checkbox"/> Please deduct EQUAL QUARTERLY INSTALLMENTS. <input type="checkbox"/> Please deduct EQUAL MONTHLY INSTALLMENTS. Preferred day of the month for charges: <input type="checkbox"/> 3rd <input type="checkbox"/> 17th Name of Bank _____ Bank Routing Number _____ Account Number _____ <div style="text-align: right;"><input type="checkbox"/> Checking or <input type="checkbox"/> Savings</div> Signature _____ Date _____

Select A Payment Option

I have enclosed my total gift.

I will pay in installments.
 Please bill me:
 Quarterly or Monthly

I will pledge and pay ONLINE – www.DiocesanMinistryFund.org
(This is a secure website for those who would like to make their pledge and payments online.)

I will pay by Credit Card or EFT *(Electronic Funds Transfer)*. (See back of card)

I am unable to pledge at this time. I will pray for the success of the DMF.

Total Gift	[] [] [] []
Amount Paid Today	[] [] [] []
Balance Due	[] [] [] []



Name _____

Address _____

City/State/Zip Code _____

Email Address _____

Phone _____

Parish _____

City of Parish _____

Donor's Signature _____

PRAYER INTENTIONS

All prayer requests will receive the loving and compassionate attention of Bishop Berg.
