



Parishioner label here

Name: _____

Address: _____

City/State/Zip: _____

Email: _____

Phone: _____

Parish: _____

City of Parish: _____

Please notify us of any changes in address.

Payment Options

Recurring Pmt. Option: \$ _____
 (On Line Giving Only)
 Will post to current campaign year
 Continuing until suspended by donor
 _____ Monthly _____ Quarterly

Pledge Option
 Total Pledged: \$ _____
 Amt paid today: _____
 Balance Due: \$ _____

- I will pay Online: www.DiocesanMinistryFund.org
 This is a secure website for making your pledges or payments online.
- Please charge my Credit Card or Bank Account.
 (Please Complete reverse side.)
- Please bill me for regular installments ending (mm ___/yy ___)
- I am unable to pledge at this time. I will pray for the success of the DMF

PRAYER INTENTIONS

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

CREDIT CARD PAYMENT OPTION

___ VISA ___ M/C ___ Discover ___ Am Ex

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Expiration Date: Month/Year ___/___

Preferred day of the month for deductions: ___ 3rd ___ 17th

For Authorization of Credit Card, ACH, or Annual Pledge:

Please print name as it appears on credit card or bank account

Signature: _____

Please make checks payable to Diocesan Ministry Fund.

EFT OPTION - (Please attach voided check)

Automatic withdrawal from checking account

Name of Bank _____

Routing Number _____

Account Number _____

For Either Credit Card or EFT Deductions:

- \$ _____ Total Pledged
- \$ _____ One Time Deduction
- \$ _____ Monthly Deductions ___ # of months
- \$ _____ Equal Quarterly Deductions