

Total Gift
 Amount Paid Today Balance Due

Select Payment Option

- Payment Enclosed

- MONTHLY Installments** - Thru January 2011

- QUARTERLY Installments** - Thru January 2011

- Credit Card (over)

- Automatic Withdrawal (over)

- I am unable to pledge at this time.
I will pray for the success of the 2010 DMF campaign.



Name _____
 Address _____
 City _____
 State _____ Zip Code _____
 Phone _____
 Parish _____
 City of Parish _____

 Donor's Signature

You may also pledge online at www.diocesanministryfund.org

Credit Card Payment Option

- Please make a one-time charge of \$_____ to my credit card.
 - Please charge my credit card in equal installments each month until my pledge is complete.
- - - _____
 Name on Card (Please Print) _____
- Expiration Date (Month)____/ (Year)____ Card Security Code _____ Visa MasterCard
 Discover Am Ex
- Signature _____

Automatic Withdrawal Payment Option (PLEASE ATTACH A VOIDED CHECK) ←

- Please automatically deduct equal installments each month from my bank account until my pledge is complete.
- Preferred day for automatic deduction: | Name of Bank _____
 1st Monday of the month | Bank Routing Number _____
 3rd Monday of the month | Account Number _____ Savings or Checking
- Signature _____