

Preachers & Partners Donation Form

____ **Yes.** I would like to be a partner with the Dominican preachers. I hereby authorize the Colorado Dominican Vocation Foundation to bill me monthly, and I will make a monthly donation by:

____ Check in the amount of \$_____per month made payable to the Colorado Dominican Vocation Foundation; or

____ Credit card in the amount of \$_____per month to be debited automatically on a monthly basis.

Please Check One:

____ American Express ____ MasterCard ____ Visa ____ Discover

Credit Card #: _____

Expiration Date: _____

Signature: _____

Date: _____

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

OR

____ **Yes.** I will make an annual or semi-annual donation in the amount of \$_____. Please bill me in the months(s) of _____ in the amount(s) of \$_____ at the above address, and I will pay by check made payable to the Colorado Dominican Vocation Foundation.