

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 Foundationat 3005 W. 29<sup>th</sup> Avenue, Denver, CO 80211; 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: \_\_\_\_\_

Email: \_\_\_\_\_

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.