

Prima

Pit Bull Rescue

Monthly Donation Form

First Name:

Last Name:

Company Name

Remain Anonymous

No

Yes

phone number:

e-mail address:

street address:

city:

state:

zip code:



Monthly Donation Amount:

Card Type

Visa

MC

AX

DS

Name on Card

Billing Zip Code

Card #:

Exp

CVV/Code

I am authorized to use the credit card information I have submitted and I authorize **Prima Pit Bull Rescue & Sanctuary** to charge the above amount to my card every month. I will notify Prima of any changes to this agreement and agree to notify staff at least 4 business days before I wish to stop making payments..