

## **Pura Vida Ministries**

PO Box 631370 Highlands Ranch, CO 80163-1370

(303) 215-0994

## **Pura Vida Monthly Donation Enrollment (Credit Card)**

Pura Vida donors making monthly contributions may give automatically via credit card. You may participate in this monthly donation service by filling out the form below and mailing it to the Pura Vida office. Once established, you may cancel or amend this service by contacting us at (303) 215-0994 x1 or accounting@puravida.org. Charges will occur automatically on the  $15^{th}$  day of each month.

□ Ne	w Enrollment	☐ Modifica	tion of existing	j enrollment
	Designation			Monthly Amount
	Scholarship payment			
	Where Most Needed		+	<u> </u>
	Optional 3% credit c	ard processing fee	+	
Total Monthly Amount:			=	
	card listed below,			y Amount above to the credit Vida's bank account.
Authoriz Name	eu by:		Signature	
Name			Signature	
Date	Phone		E-mail	
Credit Ca	ard details:			
Card Number				Expiration Date
Cardholo	ler Name			CVC Code (3 digits)
Billing A	ddress			
		Return form	to the address	above, OR