



**September 27, 2019 | Monticello MN**  
**Donation Form**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address for billing on your credit card: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Payment by credit card.

Name on credit card: \_\_\_\_\_

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

\_\_\_\_ Payment made by check (see enclosed).

Phone: \_\_\_\_\_

**Donation Payment Information**

Amount of your donation \$ \_\_\_\_\_

**PAYMENT BY CREDIT CARD**

Card Type: \_\_\_\_ Visa \_\_\_\_ Mastercard \_\_\_\_ American Express **Total amt. to charge: \$** \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card Holder Name: \_\_\_\_\_ 3 or 4 Digit Number on Back/Front AMEX: \_\_\_\_\_

AUTHORIZED SIGNATURE for credit card: \_\_\_\_\_

Please mail completed form and/or check payment if applicable to:

**Party For A Purpose**  
**301 Chelsea Road Monticello MN 55362**

*QUESTIONS: Send an email to: [info@PFAPMonti.com](mailto:info@PFAPMonti.com)  
or contact Tara at All Elements Inc. by calling: 763-314-0234  
THANK YOU for your support!*

**Check Us Out Online: [WWW.PFAPMONTI.COM](http://WWW.PFAPMONTI.COM)**