

## Donation Form

DISTRIBUTOR NAME  (AREA CODE) TELEPHONE NUMBER		DISTRIBUTOR RCN NUMBER	
		EMAIL ADDRESS	
number of Podonate. Net of	V (Point Volume) you choose. You simply	Foundation. All donations are calculated on the fill in the number of points you would like to profit level to the PV donation. All points are applied	
What TYPE o	of donation would you like to make?		
	One Time Donation		
	One Time Amount: PV:	Net £	
	☐ Cheque ☐ Credit Card Payment		
	Recurring Monthly Donation	Recurring Monthly Donation	
		and your credit card will be charged this amount on sign up. Total points are applied toward your  Net £	
	PVQ Monthly Donation		
	•	e first of each month for current month's PVQ.  Net £	
CREDIT CA	ARD PAYMENT		
□Visa	☐ MasterCard ☐ American Ex	press	
I hereby au	uthorise Reliv Europe to process a charge	e to my Visa, MasterCard or American Express card:	
	☐ One Time Charge		
	☐ Recurring Monthly Donation eve	ry month, effective the date of sign-up.	
	☐ <b>PVQ Monthly Donation</b> on the 1st	t of every month.	
Card Numl	ber:		
EXP Date	MO / YR	CVV	
CARDHOLDER	R SIGNATURE	DATE	
CARDHOLDE	R'S BILLING ADDRESS		