

Charity Sustaining Donor Enrollment Form

Thank you for your commitment to making a lasting difference. Please complete this form to enroll in our automatic giving program. Once completed, please mail this form to our headquarters.

1. Donor Information

Full Name:

Street Address:

City: State: Zip/Postal Code:

Phone Number: Email Address:

2. Gift Information

Monthly Gift Amount (\$): (or write alternative frequency, e.g., *Quarterly/Annually*):

Preferred Start Date (MM/DD/YYYY):

3. Payment Method

Option A: Credit / Debit Card

Cardholder Name:

Card Type (Visa, MC, Amex, Discover):

Card Number:

Expiration Date (MM/YY): Security Code (CVV):

Option B: Direct Debit (ACH / Bank Transfer)

Bank Name:

Routing Number: Account Number:

Account Type (Checking or Savings):

4. Authorization & Signature

I authorize the charity to initiate electronic fund transfers from my account or card designated above on a recurring basis for the amount specified. This authorization remains in effect until I notify the charity to terminate it.

Authorized Signature (Sign inside box):

Date (MM/DD/YYYY):