

Monthly Pledge Agreement

Thank you for your generous support. Please complete this monthly pledge agreement template to formalize your commitment. This form can be printed and filled out manually or filled digitally before printing.

1. Donor Information

Full Name / Organization Name:

Billing Address:

City, State, Zip Code:

Phone Number:

Email Address:

2. Pledge Commitment

Monthly Pledge Amount (\$):

Pledge Start Date (MM/DD/YYYY):

Duration of Pledge (e.g., 12 months, ongoing):

Designation of Funds (e.g., General Fund, Specific Project):

3. Payment Method Intent

Please indicate how you intend to fulfill your monthly pledge (e.g., Personal Check, Bank Draft, Online Portal):

Preferred Payment Method:

4. Agreement and Authorization

By signing below, I agree to make the monthly contributions described above to support the organization's mission and programs. I understand I can alter or cancel this pledge at any time by contacting the organization.

Donor Signature:

Date Signed (MM/DD/YYYY):

5. For Organization Office Use Only

Received By (Staff Name):

Date Received (MM/DD/YYYY):