

Nonprofit Monthly Gift Pledge Form

Thank you for your commitment to making a lasting impact. Please complete this form to establish your monthly recurring gift. Once completed, please print, sign, and mail this form to our office.

1. Donor Information

First Name: Last Name:
Street Address:
City: State & Zip Code:
Phone Number: Email Address:

2. Pledge Details

Monthly Gift Amount (\$):
Pledge Start Date (MM/DD/YYYY):
Gift Designation (e.g., General Fund, Specific Program):

3. Payment Method

Please specify how you would like to make your monthly contribution:

Payment Type (Credit Card / Checking Account):
Name on Card / Account:
Card Number / Routing & Account Number:
Expiration Date / Billing Zip Code:

4. Authorization & Signature

I authorize the nonprofit organization to process a monthly transaction in the amount specified above on or around the same day of each month. I understand that I can change or cancel this authorization at any time by contacting the organization.

Donor Signature (Sign after printing): Date:

Mailing Address for Completed Forms:

Nonprofit Organization Name
123 Hope Lane, Suite 100
City, State, Zip Code