

Recurring Donor Pledge Form

Please print, complete, and return this form to authorize your recurring gift.

1. Donor Information

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Street Address:	<input type="text"/>		
City:	<input type="text"/>	State / Province:	<input type="text"/>
Postal / Zip Code:	<input type="text"/>	Country:	<input type="text"/>
Phone Number:	<input type="text"/>	Email Address:	<input type="text"/>

2. Pledge Commitment

Gift Amount (USD):	<input type="text" value="\$"/>
Frequency (e.g., Monthly, Quarterly, Annually):	<input type="text"/>
Start Date (MM/DD/YYYY):	<input type="text"/>

3. Payment Method

Please enter your payment details below to authorize recurring automatic payments.

Card Type (e.g., Visa, Mastercard, Amex):	<input type="text"/>		
Name on Card:	<input type="text"/>		
Card Number:	<input type="text"/>		
Expiration Date (MM/YY):	<input type="text"/>	Security Code (CVV):	<input type="text"/>

4. Authorization

I authorize the organization to process recurring transactions as specified above until I provide notification to cancel.

Authorized Signature (Sign after printing): Date: