

# Mail-In Recurring Donation Form

Thank you for your generosity and commitment to making a lasting difference. Please print this form, complete the information below, and mail it to:

**Community Support Alliance**  
Attn: Donations Department  
123 Giving Tree Lane, Suite 100  
Hopeville, NY 10001

## 1. Donor Information

First Name:  Last Name:   
Street Address:   
City:  State / ZIP:   
Phone Number:  Email Address:

## 2. Donation Details

Please specify your recurring gift details below:

Recurring Donation Amount (\$):   
Frequency (e.g., Monthly, Quarterly, Annually):   
Start Date (MM/DD/YYYY):

## 3. Payment Method

### Option A: Credit / Debit Card

Card Type (e.g., Visa, Mastercard, Amex):   
Cardholder Name:   
Card Number:   
Expiration Date (MM/YY):  Security Code (CVV):

### Option B: Direct Bank Debit (ACH)

Please attach a voided check if choosing this option.

Bank Name:   
Account Type (Checking or Savings):   
Routing Number (9 Digits):   
Account Number:

## 4. Authorization & Signature

I authorize the Community Support Alliance to initiate recurring charges or debits in the amount specified above. This authority will remain in effect until I provide written notification to cancel.

Authorized Signature (Sign after printing):  Date: