

# Monthly Donor Sign Up Form

Thank you for your commitment to making a lasting difference. Please fill out this form to set up your monthly recurring donation. Print this form, complete the details, and return it to us.

## 1. Donor Information

Full Name:

Street Address:

City:  State/Province:  Zip/Postal Code:

Phone Number:

Email Address:

## 2. Donation Details

Monthly Donation Amount (\$):

Preferred Start Date (MM/DD/YYYY):

## 3. Payment Information

### Option A: Credit Card

Card Type (Visa, Mastercard, Amex, etc.):

Name on Card:

Card Number:

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

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

Bank Name:

Routing Number:

Account Number:

## 4. Authorization

I authorize the organization to deduct the specified monthly donation amount from my account designated above on a recurring monthly basis until I provide notification of cancellation.

Signature:

Date (MM/DD/YYYY):