

Monthly Donation Response Card

Thank you for your ongoing support! Please print, fill out, and mail this card back to us to set up your monthly recurring donation.

1. Donor Information

Full Name:

Street Address:

City:

State / Province:

ZIP / Postal Code:

Phone Number:

Email Address:

2. Monthly Gift Amount

Monthly Donation Amount (\$ USD):

Preferred Day of Month for Transaction (e.g., 1st, 15th):

3. Payment Details

Card Type (Visa, MasterCard, Amex, Discover):

Name on Card:

Card Number:

Expiration Date (MM/YY):

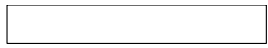
Security Code (CVV):

4. Authorization

By signing and returning this card, I authorize the organization to deduct the specified monthly amount from my card on a recurring basis.

Authorized Signature (Sign here after printing):

Date (MM/DD/YYYY):



5. Mailing Instructions

Please mail this completed card to:

Hope & Future Foundation

Attn: Donations Department

123 Giving Tree Lane

Suite 400

Hopeville, NY 10001