

Weekly Recurring Donation Form

Thank you for your generosity and commitment. Please complete this form to set up your weekly recurring donation. Once completed, please print, sign, and return this form to our office.

1. Donor Information

Full Name:

Street Address:

City, State, Zip Code:

Phone Number:

Email Address:

2. Donation Details

Weekly Donation Amount (\$):

Start Date (MM/DD/YYYY):

End Date or "Until Further Notice":

3. Payment Method

Please specify your preferred payment method (Credit Card, Debit Card, or Direct Bank Transfer):

Payment Type:

Account or Cardholder Name:

Account or Card Number:

Expiration Date (MM/YY) / Routing Number:

Security Code (CVV) / Bank Account Number:

4. Authorization and Signature

I authorize the weekly recurring donation indicated above. I understand that I can change or cancel this authorization at any time by contacting the organization.

Authorized Signature:

Date (MM/DD/YYYY):