

# Monthly Benefactor Pledge Agreement Form

Thank you for your generous support. Please complete this monthly pledge agreement form to establish your recurring commitment. This printed form will serve as a record of your pledge.

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## 1. Benefactor Information

Full Name:

Street Address:

City, State, ZIP:

Phone Number:

Email Address:

## 2. Pledge Commitment Details

Monthly Pledge Amount (\$):

Pledge Start Date (MM/DD/YYYY):

Duration (e.g., 12 Months, Ongoing):

## 3. Payment Method Preference

Please specify how you would like to fulfill your monthly commitment:

Payment Type (e.g., Bank Draft, Credit Card, Check):

Account or Card Number (Last 4 Digits only):

Billing ZIP Code:

## 4. Agreement and Authorization

By signing below, I authorize the organization to process my monthly pledge in accordance with the details provided above. I understand that I can change or terminate this agreement at any time by contacting the organization.

Benefactor Signature:  Date:

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*Please print this completed form and return it to the organization's administration office.*