# Monthly Giving Form

**Purpose:** This form is intended to enroll and collect information from individuals who wish to support our mission through automated monthly donations.

## Donor Information

**Full Name:** {fullName}

**Email Address:** {email}

**Phone Number:** {phoneNumber}

**Mailing Address:** {streetAddress}, {city}, {state}, {postalCode}, {country}

## Donation Details

**Monthly Donation Amount:** ${monthlyAmount}

**Preferred Donation Date:** {donationDate}

**Start Month:** {startMonth}

## Payment Method

**Payment Type:** {paymentType}

{#isCreditCard}

* **Cardholder Name:** {cardholderName}
* **Card Number (last 4 digits):** {lastFourDigits}
* **Expiration Date:** {cardExpiry}

{/isCreditCard}

{#isBankDraft}

* **Bank Name:** {bankName}
* **Account Holder Name:** {accountHolder}
* **Routing Number:** {routingNumber}
* **Account Number (last 4 digits):** {accountLastFour}

{/isBankDraft}

## Designation (If Any)

{^hasDesignation}*No specific designation requested.*{/hasDesignation}

{#hasDesignation}This donation is designated to: {designation}{/hasDesignation}

## Communication Preferences

**Would you like to receive updates about your impact?** {wantsUpdates}

## Additional Notes

{additionalNotes}

## Agreements

**Authorization:** By submitting this form, I authorize the above amount to be charged automatically from my selected payment method on a monthly basis beginning from the selected start date.

**Signature:** {signature}

**Date:** {signedDate}