



In the name of Allah, the Compassionate the Merciful
ISLAMIC CENTER OF NORTHLAND
8801 NORTH CENTRAL STREET, KANSAS CITY, MISSOURI 64155
www.ICNKC.org

Donation Pledge Form

"To Those who do good there is good in this world, and the Home of the Hereafter is even better"
Al Quran (16:30)

Name: _____

Address: _____

City: _____ State / Province: _____

Postal Code: _____ Phone: _____

DONATE HERE:

\$50 \$100 \$150 \$200 Other Amount: _____

Enclosed Check

CREDIT CARD INFORMATION				
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMEX	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> OTHERS
CARDHOLDER NAME:				
CARD NUMBER:			EXIPRATION DATE:	
SECURITY CODE:			ZIP CODE:	

OR I would like to make a monthly please of \$_____, to be withdrawn monthly from by bank account

Checking Account #: _____ Routing #: _____

(Please enclose a copy of a void check for accuracy and convenience)

OR I would like to make my pledge of \$_____ per month for _____ months and post dated checks are attached.

(All your donations are tax deductible. Tax ID Number: 27-0109378)

***Pay Online
scan QR code
or click to pay***

