

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)

Please print all numbers and letters carefully. Thank you.

Name: _____ Profession: _____

Address: _____

City: _____ State/Province: _____

Postal Code: _____ Phone (home): _____

Email: _____

I would like to make my donation for the ICN Masjid-building Project:

[] By enclosed check. [] By credit card [] MC [] Visa [] Discover

Card#: _____ - _____ - _____ - _____ (Expiry Date) ____/____/____

Signature: _____ Date: _____

Or

[] I would like to make a monthly pledge of \$ _____, to be withdrawn monthly from my bank account: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 check are attached.

All your donations are tax deductible.

Tax ID number: 27-0109378

We look forward to seeing your donation and praying at the new mosque soon. Jazakhum Allahu Khayran!