

For Office Use

Check # _____

Cash \$ _____

Rec'd By _____

Donation and Pledge Form

Use this form for two actions (1) Make a donation or a pledge (2) Start auto-Deposit.

Name: _____
Last name First name Middle name

Spouse: _____
Last name First name MI

Address: _____
Street name Apartment/Building #

_____ City State Zip code

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

1. Pledge Commitment :

Donation :

Monthly donation

\$25 \$50

\$150 \$200

Other: \$ _____

Date of first payment ____/____/____
Month Day Year

One time donation payment

\$100 \$200 \$500

\$1000 \$2000 \$4000

Other: \$ _____

Cash / Check (enclosed)

2. Start Auto-Deposit every month

Automatic Bank Deposit: (Al-Huda Bank Account Information)

Name of Bank: Bank of America

City: Athens State: GA Zip Code: 30612-0955

Account #: 000401710300 Routing Code: 061000052

The undersigned reserves the right to modify or cancel the monthly donations at any time and **MUST** notify Al-Huda Islamic Center in writing of any such changes with two weeks' advance notice.

Signature: _____

Date: _____