



# Pledge Form

## Islamic Center of North Fulton

1265 Rucker Road, Alpharetta, GA 30004 Tel: (678) 297-0019

*All praise is due to Allah Who guided us to the straight path and made us Muslims.*

### Donor Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone (home): \_\_\_\_\_

Telephone (business): \_\_\_\_\_

Telephone (mobile): \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### Pledge Information

I (we) pledge a total of \$ \_\_\_\_\_ to be paid: \_\_\_\_ now \_\_\_\_ monthly \_\_\_\_ quarterly \_\_\_\_ yearly.

I (we) plan to make this contribution in the form of: \_\_\_\_ cash \_\_\_\_ check \_\_\_\_ credit card \_\_\_\_ other.

### Credit Card Information

Credit card type  Visa  Mastercard  AMEX  Discover

Credit card number: \_\_\_\_\_

Expiration date: MM \_\_\_\_\_ / YYYY \_\_\_\_\_ CVV \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address if different from above: \_\_\_\_\_

### Automatic Electronic Withdrawal (Please attach a voided check or deposit slip)

Bank Name: \_\_\_\_\_

City & State: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name on Check: \_\_\_\_\_

I hereby authorize the Islamic Center of North Fulton to charge my account at the bank on my attached voided check on the 15th day of each month. This electronic debit is for operating expenses for the Masjid. I agree to maintain sufficient collected funds in my account to cover any such debit upon presentation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*This authorization is to remain in full effect until the Masjid receives a ten (10) days written notification from me or my duly authorized representative or unless the Masjid elects to discontinue this method for collecting donations.*

*Please remember that you can cancel your monthly pledge at any time for whatever reason. All you need to do is to inform the Masjid in writing and your wish will be carried out promptly without question. Inshallah, may Allah reward you.*