|  |  |  |
| --- | --- | --- |
| **Masjid of Alpharetta****Islamic Center of North Fulton**1265 Rucker Rd. Alpharetta, GA 30004(678) 744-9222http://icnf.org/ |  | Pledge FormMailing Address:P.O. Box 795Alpharetta, GA 30009Tax ID#: 58-2400886 |

**Donation Information**

Name: Please write your full name. First, Middle, and Last. Anonymous: [ ]  Yes
Address: Type in your mailing Address
City: City State: State Zip: Zipcode
Phone: Phone number (Preferably Cell) Email: Email Address\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

**Pledge Information**

I (we) pledge $ Amount . I would like this to be a [ ]  One time or [ ] Monthly Donation

Pledge by:
[ ]  Credit Card #: Credit Card Number Expiration date: mm/ dd/yyyy CCV: ###
[ ]  Check (Automatic Electronic Withdrawal: Please attach a voided check or deposit slip)
[ ]  Cash

Name on Credit Card: Name on Credit Card Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To opt out from donations, please e-mail or call. Please Allow 15 days to process request.

===================================================================================================================================

|  |  |  |
| --- | --- | --- |
| **Masjid of Alpharetta****Islamic Center of North Fulton**1265 Rucker Rd. Alpharetta, GA 30004(678) 744-9222http://icnf.org/ |  | Pledge FormMailing Address:P.O. Box 795Alpharetta, GA 30009Tax ID#: 58-2400886 |

**Donation Information**

Name: Anonymous: [ ]  Yes
Address:
City: State: Zip: \_\_\_\_\_\_\_\_\_\_\_
Phone: \_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pledge Information**

I (we) pledge $ \_\_\_\_\_\_. I would like this to be a [ ]  One time or [ ] Monthly Donation

Pledge by:
[ ]  Credit Card #: Expiration date: \_\_\_\_/ \_\_\_\_/ \_\_\_\_ CCV: \_\_\_\_\_\_
[ ]  Check (Automatic Electronic Withdrawal: Please attach a voided check or deposit slip)
[ ]  Cash

Name on Credit Card: Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To opt out from donations, please e-mail or call. Please Allow 15 days to process request.