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

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