



DONATION PLEDGE FORM

501 (C) (3) Tax Exempt Organization

Doner Name : _____

Billing Address : _____

City : _____ State : _____ Zip Code: _____

Cell Phone : _____ Email : _____

I Pledge donation in the amount of \$ _____ One Time : Monthly :

Automatic Withdrawal Start Date : _____

Using Bank Account : Routing # : _____ Account # : _____

Using Credit Card : Card # : _____ Expiry Date : _____

Check Enclosed (# _____)

You can also donate through Zelle using "donate@masjidmadinatulilm.org". Visit website for more details.

I authorize Masjid Madinatul Ilm to withdraw the above indicated amount through the method stated. I understand that this authorization is remain in effect until I cancel it in writing at least 30 days prior to the next billing date.

Signature : _____ Date: _____