

Masjid Ibrahim

Donation Form

1. Contact Info

First Name	MI	Last Name		
Street		City	State	Zip
Email		Phone		

2. Donation

Payment Type		Donation Amount		
<input type="checkbox"/> One Time Donation <input type="checkbox"/> Monthly Donation		<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$500 <input type="checkbox"/> \$200 <input type="checkbox"/> \$100 <input type="checkbox"/> \$50		
<input type="checkbox"/> Add to Existing Contribution		<input type="checkbox"/> Other \$ _____		
Payment Method				
<input type="checkbox"/> Cash <input type="checkbox"/> Check				
<input type="checkbox"/> Credit Card		Number		Expiry
		- - - - -		- - <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
<input type="checkbox"/> Direct Withdrawal – Please attach a voided check				
<input type="checkbox"/> Direct Deposit – Bank Name: Bank of America Routing #: 113000023 Account #: 0057 4282 042				

3. Consent

I hereby authorize Masjid Ibrahim, a non-profit, 501(c)(3) tax-exempt organization (ID 74-2967063), to deduct from my bank account/charge my credit card the contribution amount as indicated above. I may opt out of this plan at any time by giving Masjid Ibrahim four week written notice.

Signature _____ Date _____