

# 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"/> Direct Withdrawal – Please attach a voided check and sign below	

### 3. Consent

I hereby authorize Masjid Ibrahim, a non-profit, 501(c)(3) tax-exempt organization (ID 74-2967063), to deduct from my bank 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 \_\_\_\_\_