

Masjid Ibrahim

Donation Form

1. Contact Info

First Name	MI	Last Name		
Street	City		State	Zip
Email	Phone			

2. Donation

Payment Type <input type="checkbox"/> One Time Donation <input type="checkbox"/> Monthly Donation <input type="checkbox"/> Add to Existing Contribution	Donation Amount <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"/> Other \$ _____
Payment Method <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 0420 <input type="checkbox"/> Check <input type="checkbox"/> Cash	

3. Duration

(for monthly direct withdrawal)

I want my bank account to be auto deducted (monthly)
Starting: _____ Ending: _____

4. Consent

I hereby authorize Masjid Ibrahim 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 _____

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