



CENTER FOR ISLAMIC TEACHINGS AND COMMUNITY DEVELOPMENT (CITCD)

Pledge form



FIRST NAME _____ LAST NAME _____

HOME ADDRESS _____

PHONE _____ EMAIL _____

BILLING ADDRESS (if different from above) _____

I PLEDGE A TOTAL OF: \$10,000 \$5,000 \$2,500 \$1,000 Other _____ TO BE PAID: Now Later (date) _____

PAYMENT METHOD: Cash Electronic Check Withdrawal Credit Card Check # _____

FREQUENCY AND AMOUNT Monthly Quarterly Annually Other _____ Date of Debit _____ of every

(As stated above) starting from _____ 20____. \$100 \$50 \$25 \$15 Other _____

ELECTRONIC CHECK WITHDRAWAL INFORMATION: Bank Name: _____

Account #: _____ Routing #: _____

CREDIT CARD NUMBER _____ EXP. DATE _____

Visa MC American Express Discover PIN# (On the Back of Card) _____

NAME AS APPEARS ON CARD _____ SIGNATURE _____ DATE _____

Please make Checks Payable to: "CENTER FOR ISLAMIC TEACHINGS AND COMMUNITY DEVELOPMENT (CITCD)"

I/(We), _____, hereby authorize the debit as listed above to be paid to Center for Islamic Teachings and Community Development (CITCD). This Authorization will remain in effect until revoked by me in writing, and until the bank actually receives such notice. I further agree that Center for Islamic Teachings and Community Development (CITCD) will not be liable for any service charges or penalties that may occur in such transactions.

SIGNATURE OF ACCOUNT HOLDER / DATE _____

Please mail this form to: Center for Islamic Teachings and Community Development (CITCD)
P.O. Box No 2912, Harvey, IL 60426