

Donor Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Tel: () _____ Email: _____

Donation

- | | | |
|-----------------------------------|-----------------------------------|---|
| <input type="checkbox"/> \$25,000 | <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"/> \$250 | <input type="checkbox"/> \$100 | <input type="checkbox"/> OTHER \$ _____ |

Al Hira Community Mailing Address
190 W Irving Park Rd
Wooddale IL 60191

Payment Information

CHECK ENCLOSED

CREDIT CARD

CARD NUMBER _____ / _____ / _____ / _____

EXPIRATION DATE ____ / ____ CVV _____

CARD TYPE VISA MASTERCARD DISCOVER AMEX

DIRECT DEBIT (THROUGH AUTOMATED CLEARING HOUSE)

BANK NAME _____

BANK ACCOUNT NUMBER _____

ROUTING NUMBER _____

I authorize Al Hira Community Center to withdraw the above indicated amount through the method stated. I understand that I may change or cancel at any time

Signature _____ Date _____

Al-Hira Masjid is a 501(c)(3) nonprofit organization. Donations are tax-deductible to the extent allowed by law. Tax ID: 20-5883832