

# MASJID UTHMAN

## Donation Pledge Form

### **Donor Information:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Telephone(home): \_\_\_\_\_ Mobile: \_\_\_\_\_

Pledge Information Monthly - Pledge Amount: \$50  \$75  \$100  Other \$ \_\_\_\_\_

### **Credit card:**

Name on Card: \_\_\_\_\_

Card Type: Visa  Mastercard  American Express  Discover

Card Number: \_\_\_\_\_

Expiration Date (MM/YY): \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address if different from above:

\_\_\_\_\_  
\_\_\_\_\_

I (we) hereby authorize MASJID UTHMAN to initiate a monthly charge on my  
aforementioned credit card on the 15th day of each month for the amount authorized.  
This authorization is to remain in full effect until MASJID UTHMAN has received written  
Notification from me (us) of its termination at least 30 days prior to the next withdrawal  
date.

Donors Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For any queries OR suggestions feel free to reach us at  
[donations@masjiduthmanatlanta.org](mailto:donations@masjiduthmanatlanta.org) OR (678) 871 7786*