

Section 1: Designation

remain in effect until revoked by me in writing.

Signature:



The Actions Most Loved By Allah (suct) To The Good Deed Done Transfer of MONTHLY DONATION FORM

- The Automatic Monthly withdrawal form is used to authorize the Islamic Society of Greater Valley Forge (ISGVF) to withdraw donations directly from a donor's **bank account or credit/debit card account** each month. Please complete all three sections.
- Donations are tax deductible. ISGVF is a nonprofit 501 (c)(3) religious organization with FEIN#:23-2624144.
- Please mail a completed form with a voided check or credit/debit card info to ISGVF P.O. Box: 2261, Southeastern, PA
 19399 or a completed form with a voided check may also be dropped off in a sealed envelope in the donation box located in the school building or the main building.
- Benefits of the ACH Program include: ☑ Donor Convenience ☑ Ability to stop at anytime.

 □ Less Administrative Cost and Time ☑ Predictable Cash Flow for ISGVF

☐ Operating Fund: Donations will support the Masjid's general a limited to, payments for electric, gas, water, heating/cooling, insurarepairs, and mailing and communication expenses with the compurchases, arrangements for Salat and Qur'an and Islamic studies process.	ance, cleaning supplies, lawn munity members. Your donat	care, property maintenance and cions will also support gravesite
☐ Trust Fund: Donations will help in making improvements to the exist the sole purpose of the Society's use. \$	sting facilities and purchasing a	and constructing new facilities for
$\hfill \Box$ Weekend Islamic School: Pay the monthly School fees for your ch	nildren attending the school. \$	
☐ Zakat Fund (Obligatory Charity for Muslims): Donations will he	elp needy people. \$	
Section 2: Authorization for Automatic Monthly Withdrawal / Charge		
Act Bank Withdrawal OR Attach a VOIDED check (a check with "VOID" written on it)	☐ Credit Card ☐ VISA ☐ MasterCard	□ Debit Card □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
Start Date: (mm/dd/yy) Total Amount:	Start Date: (mm.yy)	Amount:
Bank Name:	Name:	
Routing #: (9 Digits:)	Card No:	
Account #: (10 Digits:)	Expiry Date: (mm/yy)	CVV Code:
Check Withdrawal Date: ☐ 5th of the mo	onth or 20th of the month	
Section 3: Personal Information		
Name:	Address:	
Email:	City:	
Phone:	State: Zip:	
Special Instructions (if any):		

I hereby authorize Islamic Society Of Greater Valley Forge to initiate automatic withdrawal from my bank account or credit card each month. This authorization is to

Date: