

# Jamat-E-Masjidul Islam

820 Java Ave, Inglewood, CA 90301

## Personal Information

Name: *First*

*Middle*

*Last*

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*Address:*

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*City:*

*State:*

*Zip:*

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*Contact Phone: Home:*

*Cell:*

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*Email:*

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## Donation Amount

Yes! I would like to donate the following amount on a monthly basis:

\$20

\$50

\$75

Other: \$ \_\_\_\_\_

Monthly donations will be withdrawn on the 10<sup>th</sup> day of every month or the following business day.

## Checking/Savings Account Information for Monthly Donation

*Account Number:*

*Routing Number:*

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*Bank Name:*

*Account Type (please circle):*

*Checking*

*Savings*

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***Please attach a voided check or copy of a voided check for Monthly Donation***

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I (We) hereby authorize Jamat-E-Masjidul Islam to withdraw from my checking/savings account at the financial institution listed above and, if necessary, initiate adjustments for any transaction credited/debited in error. I also understand that I may change or end this monthly donation agreement at any time with a written notice.

Signature:

Date:

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