Northwest Islamic Center
10543 Lackland RoadSt. Louis, MO 63114

Donation/Direct Debit Authorization

Name: _____
Address: _____
_____
Phone: _____
Email: _____

One Time donation of:

__ $ 10,000 __ $ 5,000 __ $ 1,000 __ $ 500 __ $ 100 __ $ _____

And/Or

Monthly Donation of:

$ _____ for _____ Consecutive Months.

Direct Debit Authorization:

I give permission to the Northwest Islamic Center to withdraw from my account the monthly pledge as indicated below. I understand that I may change or end this pledge at any time with a written notice.

I pledge a monthly donation of:

__ $ 25 __ $ 50 __ $ 100 __ $ 150 __ $ 200 __ $ 500 __ $_____

starting with the __ 1st __ 15th Day of _____, _____
Month Year

Account Information:

Financial Institution: _____
City _____State_____Zip_____
Routing #_____ Account #_____

Please include a voided check for verification purposes

_____ _____
Authorized Signature Date

Your Donation is tax deductible. Make checks payable to Northwest Islamic Center