

IAR RAMADAN FUNDRAISING EVENT 2016 – 3020 Ligon St. Raleigh, NC 27607

NEW DONORS

NAME (As it appears on card): _____

Home Address: _____ City _____ State _____ Zip _____

Cell Phone# _____ home phone# _____ Email: _____

ONE TIME PAYMENT DONORS

- CREDIT CARD CHECK CASH
- Card#: _____ - _____ - _____ - _____
- Billing Address: _____
- Exp. Date: _____ V-Code: _____ Billing Zip: _____
- \$10,000
 - \$5,000
 - \$2,000
 - \$1,000
 - \$500
 - Other: \$ _____

COMMENTS: _____

MONTHLY PAYMENTS – NEW CREDIT CARD DONORS

- Card#: _____ - _____ - _____ - _____
- Billing Address: _____
- Exp. Date: _____ V-Code: _____ Billing Zip: _____
- \$10,000 (833/12 mo.)
 - \$5,000 (416/12 mo.)
 - \$2,000 (166/12 mo.)
 - \$1,000 (83/12 mo.)
 - \$500 (42/12 mo.)
 - Other:\$ _____
- Stop my monthly donation after 12 months
- Recurring (Continue my donations until I notify IAR to stop)

COMMENTS: _____

MONTHLY PAYMENTS – NEW AUTO-DRAFT DONORS

- Routing #: _____
- Account #: _____
- \$10,000 (833/12 mo.)
 - \$5,000 (416/12 mo.)
 - \$2,000 (166/12 mo.)
 - \$1,000 (83/12 mo.)
 - \$500 (42/12 mo.)
 - Other:\$ _____
- Stop my monthly donation after 12 months
- Recurring (Continue my donations until I notify IAR to stop)

COMMENTS: _____

I hereby authorize the Islamic Association of Raleigh to deduct/charge the amount checked according to the plan specified above.

Signature: _____

For any fundraising concerns contact us: Phone #: (919)834-9572 ext# 334 - Email: fundraising@islam1.org

IAR RAMADAN FUNDRAISING EVENT 2016 – 3020 Ligon St. Raleigh, NC 27607

EXISTING DONORS

NAME (As it appears on card): _____

Home Address: _____ City _____ State _____ Zip _____

Cell Phone# _____ home phone# _____ Email: _____

ONE TIME PAYMENT DONORS

- CREDIT CARD CHECK CASH
- Card#: _____ - _____ - _____ - _____
- Billing Address: _____
- Exp. Date: _____ V-Code: _____ Billing Zip: _____
- \$10,000
 - \$5,000
 - \$2,000
 - \$1,000
 - \$500
 - Other: \$ _____

COMMENTS: _____

MONTHLY PAYMENTS – RECURRING CREDIT CARD DONORS

- Card#: _____ - _____ - _____ - _____
- Billing Address: _____
- Exp. Date: _____ V-Code: _____ Billing Zip: _____
- \$10,000 (833/12 mo.)
 - \$5,000 (416/12 mo.)
 - \$2,000 (166/12 mo.)
 - \$1,000 (83/12 mo.)
 - \$500 (42/12 mo.)
 - Other: \$ _____
- Stop my monthly donation after 12 months
- Recurring (Continue my donations until I notify IAR to stop)

COMMENTS: _____

MONTHLY PAYMENTS – RECURRING AUTO-DRAFT DONORS

- Routing #: _____
- Account #: _____
- \$10,000 (833/12 mo.)
 - \$5,000 (416/12 mo.)
 - \$2,000 (166/12 mo.)
 - \$1,000 (83/12 mo.)
 - \$500 (42/12 mo.)
 - Other: \$ _____
- Stop my monthly donation after 12 months
- Recurring (Continue my donations until I notify IAR to stop)

COMMENTS: _____

I hereby authorize the Islamic Association of Raleigh to deduct/charge the amount checked according to the plan specified above.

Signature: _____

For any fundraising concerns contact us: Phone #: (919)834-9572 ext# 334 - Email: fundraising@islam1.org