



All Most Loved By All Is The Good Deed Done

One 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 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

Ability to stop at anytime.
Predictable Cash Flow for ISGVF

Section 1: Designation

- Operating Fund:** Donations will support the Masjid's general administrative expenses. These expenses include, but are not limited to, payments for electric, gas, water, heating/cooling, insurance, cleaning supplies, lawn care, property maintenance and repairs, and mailing and communication expenses with the community members. Your donations will also support gravesite purchases, arrangements for Salat and Qur'an and Islamic studies programs at the Masjid. \$ _____
- Trust Fund:** Donations will help in making improvements to the existing facilities and purchasing and constructing new facilities for the sole purpose of the Society's use. \$ _____
- Weekend Islamic School:** Pay the monthly School fees for your children attending the school. \$ _____
- Zakat Fund (Obligatory Charity for Muslims):** Donations will help needy people. \$ _____

Section 2: Authorization for Automatic Monthly Withdrawal / Charge

ACH Bank Withdrawal

Attach a VOIDED check (a check with "VOID" written on it)

Start Date: (mm/dd/yy) _____ Total Amount: _____

Bank Name: _____

Routing #: (9 Digits) _____

Account #: (10 Digits) _____

OR

Credit Card

Debit Card



Start Date: (mm,yy) _____ Amount: _____

Name: _____

Card No: _____

Expiry Date: (mm/yy) _____ Billing Zip Code: _____

Check Withdrawal Date: 5th of the month 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 remain in effect **until revoked by me in writing.**

Signature: _____

Date: _____