



✓ Ability to stop at anytime.

Date:

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- 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.

• Benefits of the ACH Program include: ☑ Donor Convenience

remain in effect until revoked by me in writing.

Signature:\_\_\_

- 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.
- ✓ Less Administrative Cost and Time ☑ 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 ☐ Credit Card ☐ Debit Card ☐ ACH Bank Withdrawal OR Attach a VOIDED check (a check with "VOID" written on it) 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 month or 

  20th of the month **Section 3: Personal Information** Address: Email: City: \_\_ \_\_\_\_\_ Zip: \_\_\_ Phone: 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