

Chec-O-Matic Donation Form
ISLAMIC CENTER OF SAN GABRIEL VALLEY

Monthly Automatic Electronic Bank Withdrawals

Donor's Full Name (First/Middle/Last): _____

Address (Street Number): _____ Apt./Unit #: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell or Work Phone: _____

Email address (For Islamic Center's Use Only): _____

Name of Your Bank (Full Name Please): _____

Account Number (Please Enter Full Number): _____

*I hereby authorize the **Islamic Center of San Gabriel Valley** to initiate debit entries to my account number listed above, and I authorize my bank to debit the same to such account. Each such debit shall be made on the first day of each month in the amount listed here (Please Circle One):*

\$30 \$50 \$75 \$100 \$250 \$500 Other Amount (Please Specify): _____

I want to donate towards: _____ Construction Project _____ General Fund/Sadaqa

This authority is to remain in effect until I revoke the agreement as hereinafter provided. I understand that I may revoke this agreement at any time by notifying the **Islamic Center of San Gabriel Valley** (we appreciate a month in advance notice). Jazak-Allah Kheir.

Signature of the Donor

Date

Please affix a void check