



MUSLIM COMMUNITY OF TIDEWATER
 1442, West 49st
 Norfolk, VA 23508-6398

Donation Form

Donation and Payment Information:





| | | | | | | |
|---------------------------|--|--|--|------------|-----|--|
| Last Name | | | | First Name | | |
| Billing Address | | | | | | |
| City | | | | | | |
| State | | | | | Zip | |
| Telephone (Home) | | | | | | |
| Telephone (Work/Business) | | | | | | |
| E-Mail | | | | | | |

| | | | | | | | |
|----------------------|---|-------------------------------|--|--------------------------------|--------------------------------|------------------------------------|--|
| Donation Type | <input type="checkbox"/> Automatic Withdrawal | | <input type="checkbox"/> One-time Donation | | | <input type="checkbox"/> Cash | |
| Amount | <input type="checkbox"/> \$25 | <input type="checkbox"/> \$50 | <input type="checkbox"/> \$100 | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$500 | <input type="checkbox"/> Other: \$ | |

| | | | | | | | |
|---------------|-----------------------------------|------------------------------------|-------------------------------|--------------------------------|---------------------------------|---------------------------------|--|
| Amount | <input type="checkbox"/> Expenses | <input type="checkbox"/> Expansion | <input type="checkbox"/> Imam | <input type="checkbox"/> Zakat | <input type="checkbox"/> School | <input type="checkbox"/> Other: | |
|---------------|-----------------------------------|------------------------------------|-------------------------------|--------------------------------|---------------------------------|---------------------------------|--|

I _____, hereby authorize the Muslim Community of Tidewater to debit my account as identified below:

Credit Card Information:

| | | | | |
|-----------------------------|---|---|---|---|
| Credit Card Type | <input type="checkbox"/>  MasterCard | <input type="checkbox"/>  Visa | <input type="checkbox"/>  American Express | <input type="checkbox"/>  Discover |
| Credit Card Number | | | | |
| Expiration Date | Verification # (Last 3 digits on back of visa, MC card, 4 digits on front of Amex): | | | |
| Monthly Withdrawal Starting | Ending | | | |
| Signature | | | | |

Banking Information: Please provide a VOID check:

| | | | |
|-----------------------------|--------|--|--|
| Bank Name | | | |
| Account Number | | | |
| Routing Number | | | |
| Monthly Withdrawal Starting | Ending | | |
| Signature | | | |
| Date: | | | |

*Your donations to the Muslim Community of Tidewater are tax deductible. Tax ID: 52-1239447
 A receipt for tax purposes will be mailed to you. Please make sure to complete your billing address.*