



In the name of Allah, the Compassionate, the Merciful.

Muslim Communities Association of South Florida

Member Islamic Society of North America (ISNA)

Islamic Center of Greater Miami (ICGM)

4305 NW 183rd Street Miami, FL 33055 Phone # (305) 624-5555

Contribution/Pledge Form

Please Write Clearly

Mr./ Mrs./ Ms. _____

First Name Middle Name Last Name

Address: _____

Street Address

City State Zip Code

() ()

Home Phone Number Cell Phone Number

Email _____

Contribution Method:

- Cash/Check amount: \$ _____
Please make check payable to Muslim Communities Association (MCA)
- Credit Card amount: \$ _____
Name on Credit Card _____
Credit Card Number _____
Expiration Date _____
CCV _____
Billing Zip Code _____
- Automatic Withdrawal amount: \$ _____ (Please enclose a voided check)
Name on Account _____
Name of Bank _____
Routing Number _____
Checking Account Number _____

One Time Donation as listed above.

I authorize MCA to withdraw \$ _____ per month from my account as listed above starting from _____ to _____ (date).

Signature: _____ Date: _____