

# Islamic Association of North Texas, Inc.

840 Abrams Rd. • Richardson, Texas • 75081 • Tel: 972.231.5698 • Fax: 972.231.6707

For Office Use

Check#: \_\_\_\_\_

Cash: \_\_\_\_\_

Credit Card: \_\_\_\_\_

Rec. by: \_\_\_\_\_

## Membership, Donation and Pledge Form

Use this form for three actions: (1) Become or renew membership (2) Make a pledge or donation (3) Start auto-withdrawal from check or credit card.

**Membership expires December 31 of given year**

1. **Membership:**     New Member     Renewing Membership  
                           \$120.00 Family     \$60.00 Single     \$35.00 Student

Name: _____		
Last name	First name	MI
Spouse: _____		
Last name	First name	MI
Address: _____		
Street	Apt. #	
_____		
City	State	Zip Code
Telephone: _____		E-mail: _____
Cell Phone: _____		Work Phone: _____

2. **Pledge Commitment:**

**Donation:**

<input type="checkbox"/> <b>Monthly donation</b> <input type="checkbox"/> \$ 25 <input type="checkbox"/> \$150 <input type="checkbox"/> \$ 50 <input type="checkbox"/> \$200 <input type="checkbox"/> Other: \$ _____ <input type="checkbox"/> Date of first payment ____/____/____	<input type="checkbox"/> <b>One time donation payment</b> <input type="checkbox"/> \$ 100 <input type="checkbox"/> \$ 1,000 <input type="checkbox"/> \$ 200 <input type="checkbox"/> \$ 2,000 <input type="checkbox"/> \$ 500 <input type="checkbox"/> Other: \$ _____ <input type="checkbox"/> Cash / Check (enclosed)
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3. **Select Method of Payment: Amount to be withdrawn on the 1<sup>st</sup> of every month.**

<b>Automatic Bank Withdrawal (ACH)</b> (Please include a voided check)	Name of Bank: _____  City: _____ State: ____ Zip: _____  Account No: _____  Routing Code: _____
<b>Credit Card</b> <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Other:	Name (as it appears on the credit card) _____ _____ ( Enter amount above ) First                                      Middle                                      Last  Credit Card # _____ Exp. Date: ____/____/____

The undersigned reserves the right to modify or cancel the monthly (ACH or Credit Card) donations at any time, and shall notify IANT in writing of any such changes.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_