



CHAM AMERICAN

MUSLIM COMMUNITY

MASJID SABIREEN

805 S. Garey Ave., Pomona, CA 91766

MONTH TO MONTH DONATION FORM

Monthly Automatic Electronic Bank Withdrawals

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

Address : _____ Apt/Unit #: _____

City: _____ State: _____ Zip: _____

Primary Phone #: _____ Alternate 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 **Masjid Sabireen** 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 below:*

(Please Circle One)

\$30 \$50 \$75 \$100 \$250 \$500 \$1000 Other Amount (Please Specify): \$ _____

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 Masjid Sabireen (we appreciate a month in advance notice.) Jazak Allah Khair.

PLEASE ATTACH A VOID CHECK TO THIS FORM

Signature of the donor

Date

www.masjidsabireen.com
Phone: (909) 865-7833

sabireenmasjid@gmail.com
Fax: (909) 865-7823