

Event /Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Home Phone _____ Cell Phone _____

Donation Information: Paying Now Pledge

An-Noor Academy Darul-Huda Institute

One-Time Donation Amount

\$100 \$250 \$500 \$1000 \$5000 Other \$ _____

Monthly Donation Amount

\$ _____ /Month for _____ Months = \$ _____ (Total)

Start Date: _____ / _____ / _____ (MM /DD /YYYY)

*An-Noor Academy is a 501(c)(3) non-profit organization
All donations are TAX-EXEMPT – Tax ID: 20-2924170*

Payment Method

Cash Check Credit Card Bank

Credit Card Information

Mastercard Discover Visa Amex

Credit Card # _____ Expiry _____

Signature _____ Date _____

I authorize An-Noor Academy to withdraw from my account, the amount listed above. This authority will remain in effect until I give notice to cancel it.

Automatic Bank Withdrawal

Bank Name _____

Account No. _____ Checking

Routing No. _____ Savings

Signature _____ Date _____

I authorize An-Noor Academy to withdraw from my account, the amount listed above. This authority will remain in effect until I give notice to cancel it.