

Donor Information

Full Legal Name:		Account Number:
Street Address:		
City:	Zip Code:	Phone Number:
E-Mail Address:		
Payment Information		
Amount to be paid: Once	Monthly For:	Membership Donation
\$25.00\$50.00\$10	0.00\$1,000.00	\$5,000.00 Other: \$
Start On:	End On:	No End Date
Credit Card Information		
Cardholder Name:		Same as Above
Billing Address:		Same as Above
Card Type: VISA 🛁 🔤 Other:		
Card Number:		
CVV Code: Card Expiration Date:		

By signing below, I authorize the Elk Grove Afghan Community Center (Masjid al Tawheed) to charge the credit card I have listed above for the amount referenced.

Signature