

MICC Monthly Donation Form

**Mahdavia Islamic Center of Chicago (MICC)
7419 N. Western Avenue, Chicago IL 60645**

Name (First) _____ (Middle) _____ (Last) _____

Address _____

City _____ State _____ ZIP _____

Contact Phone (Home) _____ (Cell) _____

E-Mail _____

Total Family Members [] Adult(s) [] Child(ren) []

Yes! I would like to donate the following amount on a monthly basis:

\$10 \$20 \$50 Other (\$ _____)

(Monthly donation will be withdrawn on the 10th of every month or following working day)

Checking/Saving Account Information for Donation

Account Number _____ Routing Number _____

Bank Name _____ Account Type Checking Saving

Please attach a voided check or copy of a voided check for Monthly Donation

I (We) hereby authorize Mahdavia Islamic Center of Chicago to withdrawn from my checking/saving accounts at the financial institution listed above, and if necessary initiate adjustments for any transaction credited/debited in error. I also understand that I may change or end monthly donation agreement at any time with a written notice.

Signature _____ Date _____