



Islamic Institute of Boston

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Serving the Muslim Community

PLEDGE FORM



To support the *Islamic Institute of Boston* I would like to pledge:

- \$25
 \$50
 \$100
 \$250
 \$500
 \$1000

I choose to give by:

Check (Please make your check payable to the *Islamic Institute of Boston*)

Credit Card:

- MC
 VISA
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 # _____ / _____
Credit Card Number Expiration Date

Monthly Electronic Fund Transfer: (Please choose one of the following)

From My Checking Account
 The amount chosen above to be debited on the 7th of each month beginning:

_____ / _____
 month year

(Please include a voided check)

From My Credit Card
 The amount chosen above to be charged to my Credit Card on the 7th of each month beginning:

_____ / _____
 month year

(Please fill out credit card information above)

Personal Information:

First Name: _____

Last Name: _____

Address: _____

City: _____ **State/Prov:** _____ **Postal Code:** _____

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Signature: _____ **Date:** _____

Your email address will be added to our mailing list. Your personal information will be kept confidential.