



ISLAAMIC CENTER OF MASTIC-SHIRLEY
 (MASJID UMAR BIN KHATTAAB)
 503-William Floyd Parkway ♦ Shirley, NY 11967
 A Non-Profit Organization - Tax Exempt No. 11-3665178
 Tel: (631) 772-5161

50/50 MEMBERSHIP PLEDGE FORM
AUTOMATIC TRANSFER/CHARGE AUTHORIZATION

First Name: _____ Last Name: _____ Middle Initial: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Telephone: (____) _____ - _____ Email: _____

I agree to pay Islaamic Center of Mastic-Shirley the amount of: \$50 \$100 \$150 \$200 \$300

METHOD: Auto Withdrawal Credit Card Cash (Lump Sum \$600/Yearly) Other Amount: \$ _____
 Check (payable to "Islaamic Center of Mastic-Shirley")

RECURRENCE: Monthly Yearly Start Date: ____/____/____ Program Renewal Date: **JULY 2017**

New Member of 50/50 Membership Program **Returning Member (Skip to Signature)**

I authorize Islaamic Center of Mastic-Shirley to Collect from my **CHECKING/SAVINGS** account on the ____ of each Month starting from ____/____/____ of the amount of \$ _____ (_____)
(Amount in Words. Ex: Fifty Dollars Only)

Bank Name: _____ Account Type: Checking Savings

Account #: _____ ABA Routing #: _____

I authorize Islaamic Center of Mastic-Shirley to charge my **CREDIT CARD** on the ____ of each Month starting from ____/____/____ of the amount of \$ _____ (_____).
(Amount in Words. Ex: Fifty Dollars Only)

Card Type: MasterCard Visa Discover American Express

Card #: _____ -- _____ -- _____ Exp: ____/____ CVV#: _____

Member Signature: _____ Date: ____/____/____

Management: _____ Date: ____/____/____ Reference#: _____

JazakAllahu Khairan!
 May Allah Reward You for Your Contributions
 Your Donations Are Tax Deductible