

NEW PROJECT DONATION
ISLAMIC CENTER OF WESTON, CORP. (ICW)
1516 Weston Road, Weston, FL 33326 – (954) 546-4008
Donation Authorization

Name _____ Cell Phone # _____

Authorized Contact (if business) _____ E-Mail: _____

Address _____

City _____ State _____ Zip _____

Monthly Donation \$100 \$50 Other \$ _____

ONE TIME DONATION \$ _____ Expected Date: _____

I hereby authorize Islamic Center of Weston, Corp. (hereinafter called "Company") to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries posted in error, to my checking/savings account (select one below. Additionally, I authorize the Financial Institution named below to accept debit and/or credit entries initiated by PNC Bank # 1218764964 to same account. This authority is to remain in full force and effect until Company has received written notice of termination or alteration in such time and in such manner as to afford Company and Financial Institution a reasonable opportunity to act on it.

Depository Name (bank name) _____

City _____

State _____ Zip _____

Bank Transit/ABA # _____ Bank Account # _____

Checking Savings

Signed _____ Date _____

Please complete the form & drop it in Donation Box @ ICW

Please attach a
VOID CHECK here