



In the Name of Allah Most Gracious most Merciful  
**Islamic Center of New England**  
74 Chase Drive, Sharon MA 02067: Tel/Fax: (781) 784-0434  
470 South Street, Quincy MA 02169 Tel: (617) 479-8341, Fax: (617) 471-9526,

### ICNE AUTO WITHDRAWAL F O R M

**Islamic Center Of New England Mailing Address:**

**ICNE, P.O. Box 412 Sharon, MA 02067**

**Monthly Pledge to ICNE:**

A fixed amount of money that is withdrawn monthly from the donor's account to benefit of ICNE, using either one of two methods:

- 1- Bank account withdrawal, or
- 2- Credit card account withdrawal.

**YES**, I would like to support The ICNE and PLEDGE for the following:

**Total Amount \$** \_\_\_\_\_ **per month:** (please specify)

<p><b>From My Checking Account:</b></p> <p>The amount chosen above to be debited from my checking account on the _____ day of each month beginning:</p> <p style="text-align: center;"><i>(Please include a voided check)</i></p>	<p><b>From My Credit Card:</b></p> <p>The amount chosen above to be charged to my credit card on the _____ day of each month beginning:</p> <p>I prefer to make my contribution by: _____</p> <p>Credit Card:</p> <p><input type="checkbox"/> <b>Visa</b>      <input type="checkbox"/> <b>Master Card</b>      <input type="checkbox"/> <b>Discover</b></p> <p>Card #: _____ Exp. Date: ____</p>
---	---

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_(\_\_\_\_)\_\_\_\_\_ Eve Phone: (\_\_\_\_)\_\_\_\_\_

Cell Phone: \_(\_\_\_\_)\_\_\_\_\_ Email: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

We appreciate your support. May Allah (swt) multiply your rewards!