



ALL DULLES AREA MUSLIM SOCIETY

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PLEDGE/GIFT FORM

First Name:	MI:	Last Name:
Address:		
City:	State:	Zip Code:
Email:	Phone:	Cell:

Your email will automatically be added to our mailing list.

I would like to PLEDGE/GIVE:

\$25
 \$50
 \$100
 \$250
 \$500
 \$1000
 OTHER: _____

Purpose of your Pledge/Gift: _____

Type of Payment:		
<input type="checkbox"/> Cash		
<input type="checkbox"/> Check #		
<input type="checkbox"/> Credit Card #	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Expiration:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	CVV2: <input type="text"/> <input type="text"/> <input type="text"/>

Frequency:

One Time only
 Recurring:
 Biweekly
 Monthly
 Quarterly
 Other: _____

Start date _____
 End date _____

Signature _____ Date _____

All Contributions are tax exempt eligible and you will receive a receipt at the end of the year. Disclaimer: Your gift also includes an ADMIN Fee.

Any questions, please email donations@adamscenter.org or call 703.433.1325 x114

Thank you so much for your gift!