



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:

ALL FIELDS MUST BE COMPLETED IN ORDER TO RECEIVE A YEAR END TAX RECEIPT

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 _____

All Contribution are tax exempt eligible and you will receive a receipt at the end of the year. I agree to sign up to receive the ADAMS Post.
Disclaimer: Your gift also includes a 5% ADMIN Fee

Signature _____ Date _____

FOR OFFICIAL USE ONLY		
Total Pledge/Gift:	Last 4 digits of CC:	Date:
Received by:	Receipt #:	
Verified By:		
Date entered into system:		

Thank you so much for your gift!