

**Muslim Women’s Association of Daytona Beach, Inc.**

Pledge Form

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|  |

### Donor Information (please print or type)

|  |  |
| --- | --- |
| Name |  |
| Billing address |  |
| City, ST Zip Code |  |
| Phone  |  |
| Fax | Email |  |

### Pledge Information

I (we) pledge a total of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be paid: [ ] now [ ] monthly [ ] quarterly [ ] yearly.

I (we) plan to make this contribution in the form of: [ ] cash [ ] check [ ] credit card [ ] other.

|  |  |
| --- | --- |
| Credit card type | Exp. date |  |
| Credit card number |  |
| Number on the back of card |  |

[ ] Form enclosed[ ] form will be forwarded

### Acknowledgement Information

Please use the following name(s) in all acknowledgements:

[ ] I (we) wish to have our gift remain anonymous.

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
| Signature(s) |  | Date |
|  |  |  |
| Please make checks,or other donations payable to: |  | Muslim Women’s Association of Daytona Beach, Inc. |