

**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 enclosedform 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 ofDaytona Beach, Inc. |