



# IMAAM

(Indonesian Muslim Association in America)

## PLEDGE FORM

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

Street Address: \_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_ ZIP : \_\_\_\_\_

Telephone : \_\_\_\_\_  
Home Work Cell

e-mail : \_\_\_\_\_

Total Amount Pledge :\$ \_\_\_\_\_

Payment : Spread my monthly payment over :

3 Months  6 Months  9 Months  1 Year  2 Years Others : \_\_\_\_\_

Payment Beginning date: \_\_\_/\_\_\_/\_\_\_

### PAYMENT INFORMATION

CREDIT CARD

DIRECT DEBIT

#### FOR CREDIT CARD

VISA  mastercard  American Express

NAME (AS IT APPEARS ON CARD) \_\_\_\_\_

CARD NUMBER# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
EXPIRATION DATE(MM/YY)

\_\_\_\_\_/\_\_\_\_\_  
CSC/CVV

#### FOR DIRECT DEBIT

FINANCIAL INSTITUTION \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

1:40 73 24    1:000 123456 789    1:123  
Routing Number    Account Number    Check Number

**Terms of Agreement:** I authorize payment of my pledge from the account indicated. I understand my contribution will be processed each month. A record of each payment will appear on my monthly credit card or bank statement.

\_\_\_\_\_  
SIGNATURE