



P: (732) 463-2004; E: info@mcmcnj.org **Muslim Center of Middlesex County** W: mcmcnj.org; F: (732) 463-7000
 Donate Online: mcmcnj.org/Donate; Mail Donations: MCMC, PO Box 505, Piscataway, NJ 08855-9949

Event /Date _____
 Name _____
 Address _____
 City _____ State _____ Zip _____
 Email _____
 Home Phone _____ Cell Phone _____

Donation Information

Paying Now Pledge
 Expansion Operations Other _____
 One-Time Donation Amount
 \$100 \$250 \$500 \$1000 \$5000 Other \$ _____
 Monthly Donation Amount
 \$ _____ /Month for _____ Months = \$ _____ (Total)
 Start Date: _____ / _____ / _____ (MM /DD /YYYY)

*Muslim Center of Middlesex County is a 501(c)(3) non-profit organization
 All donations are TAX-EXEMPT – Tax ID: 22-2985187 (Rev Apr-2013)*

Payment Method

Cash Check Credit Card Bank

Credit Card Information

Mastercard Discover Visa Amex
 Credit Card # _____ Expiry _____
 Signature _____ Date _____

I authorize Muslim Center of Middlesex County to withdraw from my account, the amount listed above. This authority will remain in effect until I give notice to cancel it.

Automatic Bank Withdrawal

Bank Name _____
 Account No. _____ Checking
 Routing No. _____ Savings
 Signature _____ Date _____

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