In the name of Allah, the Most Beneficent, the Most Merciful Muslim Center of Middlesex County Monthly Donation Program	
A'isha (RA) narrated that Rasulullah (SAW) was asked: "What is the most beloved deed to Allah?" He answered: "One that is performed constantly even if it is a small deed." [Bukhari and Muslim]	
First Name	Last Name
Email	Phone
Address	
City State	Zip Cell#
Donation For	
\Box Expansion \Box Operations \Box Zaka	t \Box Sadaqah \Box Other
Monthly Amount	
□ \$25 □ \$30 □ \$50 □ \$100 □ Other □ For Months □ Continuous (can be stopped anytime)	
Note: Your account will be deducted on the 15th of every month. Please submit this form to MCMC office or an authorized representative or fax it to (732) 463-2057. For assistance or questions, please contact MCMC office or email <u>finance@mcmcnj.org</u> .	
Automatic Deduction from Bank Account	
Bank Name	$\Box Checking \qquad \Box Savings$
Account No.	Routing No.
You can obtain your routing number and account number by looking at one of your checks or by calling your bank. You may also attach a void check with this form.	
I authorize MCMC to withdraw from my account, the amount listed above. This authority will remain in effect until I give notice to cancel it. I understand that in order to automate this transaction, MCMC may store my account information in it's secure applications.	
Signature	Date
Automatic Deduction from Credit Card	
Credit Card Type \Box Visa \Box Mas	stercard \Box Discover \Box Amex
Card No. M M Y<	
Cardholder Name & Address (if different)	
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