



North Austin Muslim Community Center, NAMCC

PO Box 82304 Austin, TX, 78708 512.491.7148

email: ec@NAMCC.org Web: <http://www.NAMCC.org>

Donation Form

Donor Details:

Name: _____ Phone () _____ or _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ or _____

Optional data for your membership status:

Spouse Name: _____

Children over 18: Specify each child First Name: _____

Donation Details:

Please select one:

This is a:

Single Donation for the Amount of: \$ _____

Monthly Donation: Start Date: _____ End Date: _____ Open - No End Date.
Per Month Amount: \$ _____ or Total Amount: \$ _____

Donation by ACH (*Monthly Bank Deduction*):

Routing Number: _____ Account Number: _____

Donation by Credit Card:

Account Number: _____ Exp Date (MM/YY) ____/____

Cash Donation

Check Donation: Check Number: _____

This is a Service Donation to NAMCC

This is a Zakah Donation.

This is a pledge; please call me.

Authorization:

I support the North Austin Muslim Community Center, NAMCC and authorize it to charge my account as specified above.

Signature: _____ Date: _____

Thank You for your continuous support!