

**Chec-O-Matic Donation Form**  
**ISLAMIC CENTER OF SAN GABRIEL VALLEY**

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*Monthly Automatic Electronic Bank Withdrawals*

Donor's Full Name (First/Middle/Last): \_\_\_\_\_

Address (Street Number): \_\_\_\_\_ Apt./Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell or Work Phone: \_\_\_\_\_

Email address (For Islamic Center's Use Only): \_\_\_\_\_

Name of Your Bank (Full Name Please): \_\_\_\_\_

Account Number (Please Enter Full Number): \_\_\_\_\_

*I hereby authorize the **Islamic Center of San Gabriel Valley** to initiate debit entries to my account number listed above, and I authorize my bank to debit the same to such account. Each such debit shall be made on the first day of each month in the amount listed here (Please Circle One):*

\$30    \$50    \$75    \$100    \$250    \$500    Other Amount (Please Specify): \_\_\_\_\_

I want to donate towards:    \_\_\_\_\_ Construction Project    \_\_\_\_\_ General Fund/Sadaqa

This authority is to remain in effect until I revoke the agreement as hereinafter provided. I understand that I may revoke this agreement at any time by notifying the **Islamic Center of San Gabriel Valley** (we appreciate a month in advance notice). Jazak-Allah Kheir.

\_\_\_\_\_  
Signature of the Donor

\_\_\_\_\_  
Date

**Please affix a void check**