

**Islamic Center of Eastside
Automatic Monthly Donation Withdrawal Form
Bellevue Masjid Construction Project**

Name: _____

Address: _____

City / State / Zip: _____

Daytime Phone: _____

Email Address: _____

Bank Account #: _____ **Checking** **Savings**

Bank Routing #: _____

I authorize Islamic Center of Eastside (ICOE) to automatically withdraw a sum of \$ _____
from my bank account each month.

By signing below, I acknowledge that I understand that:

- A record of each automatic withdrawal will be included on my monthly bank statement.
- The monthly withdrawal will take effect within the first 5 days of each month.
- I can request ICOE any time to discontinue the automatic withdrawals from my bank account.

Signature: _____

Date: _____

ICOE is a charitable, non-profit 501(c)(3) organization. All your contributions are tax-deductible. You will receive an annual statement of contributions for your records at the beginning of each year.

If your address changes in the future, please mail an address update notice to ICOE, to continue receiving your annual tax-receipts.

Please mail this form along with a check marked VOID to:

**Islamic Center of Eastside
14700 Main St.
Bellevue, WA 98007**

Or, submit it in person, along with a voided check, to the ICOE contact listed below or the ICOE Treasurer.

You will be contacted by the ICOE treasurer to confirm your monthly withdrawal. Jazak Allah Khairan, and may Allah reward you for your donations!

ICOE Contact Name: Arshad Ahmad, (425) 503-5536; arshada@hotmail.com

ICOE Official Use Only

- Donor contacted to confirm receipt of this form
- Donor added to automated monthly batch process