



Bilal Mosque Association

4115 SW 160th, Beaverton, OR 97007

Authorization Form

YES! I want to help Bilal Mosque Association by contributing monthly through the Automatic Contribution Plan.

I authorize my bank to pay Bilal Mosque Association the amount indicated on the day below. This authorization will be the same as if I had personally signed a check and will remain in effect until I notify Bilal Mosque Association that I wish to discontinue the gifts.

On the 3rd / 18th (check one) day of each month beginning _____
please debit my account for the following amount:

\$100 \$50 \$25 Other \$ _____

Name: _____

ID: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Authorized Signature: _____

Comments: _____

Please include your blank voided check (no deposit slips, please). May Allah reward you for your contribution!