



Islamic Center of Hawthorne

12209 Hawthorne, Hawthorne, CA 90250
Mailing Address: P.O. Box 2285, Hawthorne, CA 90251
TEL.(310) 973-8000 Fax: (310) 978-4036

Monthly Donation Withdrawal from Checking Authorization Form

I pledge to support the Islamic Center of Hawthorne with my monthly donation of:

\$25 \$50 \$75 \$100 \$500 Other: \$ _____

I authorize the Islamic Center of Hawthorne to debit my checking account shown on the attached **void check** on the 1st business day of every month. I have the right to cancel this authorization by contacting Islamic Center of Hawthorne at least SEVEN days before the end of each month.

Name: _____
Phone: (____) ____ - _____
E-mail: _____

Signature: _____
Address: _____
City: _____, CA _____

Attach Void Check

