



Islamic Center of Hawthorne

12209 Hawthorne, Hawthorne, CA 90250
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Monthly Donation Withdrawal from Credit Card 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 charge my monthly donation to my credit card account shown below 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.

Card # --- Exp /

Security Code (For Visa and Mastercard it is the last three numbers on the back side of the card on the signature panel. For American Express: it is the 4 digit number shown above the card number on the front of the card)

Name: _____

Signature: _____

Phone: (____) _____ - _____

Address: _____

E-mail: _____

City: _____, CA _____