

Islamic Center of Frisco
Frisco Masjid

6890 Main Street, Frisco TX 75034

Pledge Form

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Email: _____

Please select one of the following pledge plans:

1. Enclosed is my donation of :

\$10,000 \$5,000 \$1,000 \$5,000 \$10,000 Other: \$ _____

2. Monthly pledge \$ _____ Start Month/Year _____

Cash Credit Card (Circle One) MC VISA AMEX DISCOVER

Card # _____ Exp Date: _____ / _____

Check Bank Withdrawal Name of Bank: _____

Bank Routing Number: _____ Account Number: _____

Your donation is tax deductible. Our **Tax ID # 20-8679388**