



3215 Fisher Rd NE, Salem, OR 97305 | muslimsofsalem@outlook.com

YES! I want to help deliver **religious, social and educational services** to my community.

with a **one-time donation**

\$1,000 \$1,500 \$2,500 \$5,000 \$10,000 \$25,000 \$ _____

with a **monthly donation**

\$50 \$100 \$250 \$300 \$500 \$1,000 \$ _____

I am enclosing \$ _____ **now** by check/cash (please make check payable to Salem Islamic Center)

I will fulfill any remaining balance by (date): _____

To set up **MONTHLY ACH DEDUCTION** please provide **BANK INFORMATION** and a **VOIDED CHECK**

Bank Name: _____

Account Number: _____ Routing Number: _____

First Name:		Last Name:	
Address:			
City:		State:	Zip:
Home Phone:		Cell Phone:	
Email:			

Signature:	Date: ____/____/20__
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Note: For more details, please call **503-714-6299**

Pledge Number: M2019 - 00	Contact date: ____/____/20__
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