

LEAGUE DONATION FORM

I would like to support the future of Islam private schools in North America by contributing the following amount:

\$25 \$50 \$100 \$250 \$500 \$1,000 Other Amount \$ _____

I prefer to make my donation by:

_____ Check (*Please make your check payable to the Islamic Schools' League of America*).

_____ Credit Card: **Visa** **Master Card** **Discover**

Card #: _____ Exp. Date: _____

For recurring Credit Card donations, please fill out the following:

The amount chosen above to be charged to my credit card on the _____ day of each month beginning:

month, year ____/____ and ending ____/____.

(Please fill out your credit card number and expiration date above)

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State/Province: _____ Postal Code: _____

Home Telephone: _(____)_____ Home Fax: _(____)_____

Office Telephone: _(____)_____ Office Fax: _(____)_____

Cell Phone: _(____)_____ Email: _____

Signature: _____ **Date:** _____

Mail this completed form to: Islamic Schools' League of America, P.O. Box 1265, Falls Church, VA 22041.

Thank you very much for your support. For tax purposes, make a copy of this form for your records. The Islamic Schools' League of America is a 501(C) 3 tax-exempt non-profit organization. Our Tax Identification Number is: **54-1926543**