



# Islamic Association of Lewisville / Flower Mound Masjid Al-Noor

3430 Peter's Colony, Flower Mound, TX 75022 | Ph: (972) 691-5566

## Pledge Form

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_  
First M.I. Last First M.I. Last

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_ Spouse's Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Spouse's Email: \_\_\_\_\_

### DONATION INFORMATION

MASJID CONSTRUCTION FUND \$ \_\_\_\_\_

MASJID MAINTENANCE \$ \_\_\_\_\_

ZAKAT /EMERGENCY RELIEF FUND \$ \_\_\_\_\_

DONATION \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

PAYMENT PERIOD:  MONTHLY  QUARTERLY  ANNUALLY

Credit Card #: \_\_\_\_\_ Exp.Date: \_\_\_\_\_ CVS Code: \_\_\_\_\_

CREDITCARDTYPE:  VISA  MASTER CARD  DISCOVER  AMERICAN EXPRESS

By signing below, the card hold accepts to pay the fees stated above to the Islamic Association of Lewisville /Flower Mound

Signature: \_\_\_\_\_ Name On Card: \_\_\_\_\_ Date: \_\_\_\_\_

**FORIALFUSE ONLY:**

CASH

CHECK Check #: \_\_\_\_\_ Name of Bank: \_\_\_\_\_