

Kalamazoo Islamic Center

Monthly Membership Dues



First name:

Last name:

Phone number:

E-mail:

	Monthly Pledge (Preferred)	If monthly pledge not selected
Voting Member/Resident Individual	\$ 25/Month	\$ 150/Year
Families	\$ 30/Month	\$ 250/Year
Student Member	\$ 25/Year	

Automatic Monthly Deduction Authorization

I authorize Kalamazoo Islamic Center to initiate an electronic fund transfer from my account listed below to the account of Kalamazoo Islamic Center in the following amount of:

\$ _____ per month

Bank Information

Bank Name

Routing Number

Account Number

Credit Card Information

Credit Card Number

CVC Code

Expiration Date

Zip Code

This transfer reflects my monthly donation to the Kalamazoo Islamic Center. I reserve the right to cancel the electronic donation to KIC without prior notification.

Signature (type name to e-sign)

Date

Please email this form to wmurazi@gmail.com. Or you can print it and drop it in the KIC Donation box.