



Muslim Association of Virginia, Inc.

Automatic Withdrawal Authorization Form

Name: | First Name | Middle Name | Last Name

Address: | Street No. | Street | City | State | Zip | Unit No. | Phone No.

I, hereby, authorize MAV to withdraw

\$ _____

from my following account -

One-time Donation

Monthly starting in month ____ of year ____, & ending in month ____ of year ____ OR Till I notify

Credit card: Visa_ MC_ Discover_ AmEx_ | Card number | Exp. date (mm/yyyy)

Bank account (checking, savings, etc.) Please attach a voided check

Signature | Date | Email address (for timely delivery of MAV tax receipt for my donations)

MAV is a 501(C)(3) Non-Profit Organization - IRS Tax ID 54-1523749

P.O. Box 2551 ♦ Woodbridge, VA 22193 ♦ Phone: 703.580.0808 ♦ Email: info@daralnoor.org ♦ www.daralnoor.org