



Ahl al-Bayt Islamic Seminary Pledge Form

I / We, _____,
want to support the Ahl al-Bayt Islamic Seminary in its religious education efforts.

Address _____
City _____ Home phone _____
State _____ Mobile phone _____
Zip _____
Email _____

I / We hereby authorize the Ahl al-Bayt Islamic Seminary and their financial institution to make withdrawals of the amount stated hereunder on a monthly basis from my bank account. This authorization is to remain in effect until the Ahl al-Bayt Islamic Seminary has received written notification from me/us of its termination in such time and such manner as to afford a reasonable opportunity to act on it. Please attach a copy of voided check, if possible.

Bank Account Details

Bank Name _____
Bank Routing Number (9 digits) _____
Bank Account Number _____
Starting Date of Authorization of Funds _____
Signature of Authorizer _____

I / We pledge the following monthly recurring amount:

- \$10 USD per month \$25 USD per month
 \$50 USD per month \$100 USD per month
 \$500 USD per month \$1000 USD per month
 I pledge a different amount: USD \$

Kindly send completed forms to info@aiseminary.org or fax to 321-214-5749