



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 a one-time withdrawal of the amount stated hereunder from my/our bank account. Please attach a copy of voided check, if possible.

Bank Account Details

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

I / We pledge the following one-time amount:

\$ USD

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