



Islamic Center of Maryland (ICM)

19411 Woodfield Road, Gaithersburg MD 20879

Tel: 240 912 4976 • Fax: 301 987 8915 • www.icomd.org • Tax Exempt ID: 52-1718751

One-Time Donation

Please accept my one-time donation of \$ _____ Cash/Ck. # _____

Pledge to Raise Funds

I Pledge to Support ICM by Raising \$ _____

Monthly Donation Pledge Form

I pledge to support ICM by donating the following amount on a monthly basis by

Cash Check Direct Debit (Please include a void check) Credit Card

I understand that I may discontinue at anytime with a written notice to ICM.

- \$500/month; \$16.43/day; \$6000/Year
- \$350/month; \$11.50/day; \$4200/Year
- \$300/month; \$ 9.86/day; \$3600/Year
- \$250/month; \$ 8.21/day; \$3000/Year
- \$200/month; \$ 6.57/day; \$2400/Year
- \$125/month; \$ 4.10/day; \$1500/Year
- \$100/month; \$ 3.28/day; \$1200/Year
- \$84/month; \$ 2.73/day; \$1000/Year
- \$50/month; \$1.64/day; \$600/Year
- \$25/month; \$0.82/day; \$300/Year
- Other Amount \$ _____/month

- Masjid _____ Master Plan _____
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Name..... Tel:

Address

CityState..... Zip

Email

Signature.....Date.....

Donations Using Credit Cards

American Express VISA MasterCard Discover

Credit Card Number

Expiration Date (MM/YY)Security Code.....



You can now donate using credit card at ICM or online by visiting www.icomd.org