



In the Name of Allah, The Most Gracious, The Most Merciful

Baymeadows Islamic Center Auto Deduction Pledge Form

8225 Dix Ellis Trail
Jacksonville, FL 32256
Phone:(904)438-4510
Web: www.bicjax.org

First & Last name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone Number: _____

Amount of Monthly Donation: \$ _____

Payment Method:

Most Preferred >> Setup recurring monthly donation through PayPal. Go to **bicjax.org** and click Donate link.

Charge my credit card each month (will be charged around 15th of each month)

Card Type: Visa _____ Master Card _____ Discover _____ Amex _____

Credit Card No: _____

Expiration Date: _____ Security Code on back: _____

Name on Card: _____

Billing Address (if different from above): _____

I will set up as auto bill pay from my account to BIC at:
8225 Dix Ellis Trail, Jacksonville, FL 32256

I authorize BIC to charge my credit card for the amount specified above.

Signature: _____ Date: _____