

Islamic Society of Triplex, Inc.

1270 W Cardinal Dr, Beaumont TX 77705

Phone: (409) 842-5349 info@istweb.org

Your Information

Last Name: _____	M.I: _____	First Name: _____
Address: _____		
City: _____	State: _____	Zip Code: _____
Home Phone: (____) _____ - _____		
Work Phone: (____) _____ - _____		
E-Mail Address: _____		

Donation Information

Please check the total amount you would like to donate.						
<input type="checkbox"/> \$100	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> Monthly	<input type="checkbox"/> One Time Only
					\$	\$

Bank Information *Only for Monthly Donations

I, _____, authorize my bank to make payment of above amount
(Print Your Name Please)
as specified in "Monthly" category, to **Islamic Society of Triplex Inc** on the 15th of every month.

<input type="checkbox"/> Checking Account	Account Number	Routing Number
<input type="checkbox"/> Saving Account	Account Number	Routing Number

Bank Name: _____

Note: Please enclose a **Voided Check**.

Signature

Date