



Rahmat -E- Alam Foundation

7045 N Western Ave., Chicago, IL – 60645

Ph: 773-764-8274

Fax: 773-764-8497

www.rahmatealam.org

Pledge Form

Donor Information:

First Name: _____ Last Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone: _____ Cell: _____ E-mail: _____

Billing Address (If different from above): _____

Pledge Amount: \$10,000 \$5,000 \$2,500 \$1,000 \$500 Other _____

Contribute Towards:

General Donation Building Payment Tuition Salary Utilities
 Islamic Library IT Department Zakat/Sadaqa Other _____

To be paid: Now Later (Date): _____

For **Pay Now** - please fill bottom portion

Payment Method: Cash Credit Card Electronic Check Withdrawal Check #: _____

Electronic Check Withdrawal Information

Bank Name: _____

Bank Routing #: _____ Checking Account #: _____

Credit Card Information

Credit Card #: _____ Exp Date: _____

Name (as appears on the card): _____ CVV#: _____ Type: _____

Signature

Date

Office Use Only

Receipt #: _____

Customer #: _____

جزاك الله خيراً (Jazakallahu Khairan)