

# ISLAMIC CENTER OF THE SOUTH PLAINS

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## AUTOMATIC GIFT WITHDRAWAL

### ENROLLMENT AND AUTHORIZATION FORM

#### ISLAMIC CENTER OF THE SOUTH PLAINS & ISLAMIC CULTURAL STUDENT CENTER

The Islamic Center of the South Plains is happy to offer automatic Gift Withdrawals to all donors. To participate in this convenient program, please follow the instructions below.

#### DONOR'S INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### DONOR'S BANK INFORMATION

Your Bank's name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The withdrawals will be made from my **checking account** (voided check must be enclosed) Account number: \_\_\_\_\_ Routing number: \_\_\_\_\_

The withdrawals will be made from my **savings account**

Account number: \_\_\_\_\_ Routing number: \_\_\_\_\_

#### DONATION

Amount of: \$ \_\_\_\_\_

Frequency:  Per month  Per quarter  One time

#### DATE/DURATION

Date of first withdrawal: \_\_\_\_\_ / 15 / \_\_\_\_\_ Date of last withdrawal: \_\_\_\_\_ / 15 / \_\_\_\_\_

#### SIGNATURE REQUIREMENT

I hereby authorize Islamic Center of the South Plains, or its agents, to transfer the amount listed above from the indicated account on the 15th of each month (if the 15th falls on a holiday or a weekend, then on the next business day).

#### DONOR'S SIGNATURE

Please sign hereunder.

\_\_\_\_\_  
Please send this form to the Islamic Center of the South Plains (ICSP).

Your withdrawal will appear on your monthly bank/credit card statement and you will receive a tax-deductible receipt from Islamic Center of the South Plains by the end of the month. ICSP is a registered non-profit organization Tax: ID Number 75-1754170