



**Hidaya Foundation**  
www.hidaya.org

# Automatic Monthly Donation Form

**Headquarters**  
P.O. Box 5481  
Santa Clara, CA 95056  
Toll Free: (866) 244-3292  
Fax: (866) 344-3292  
mail@hidaya.org

**Option 1:** You may sign up for Automatic Monthly Donation directly on our website at: www.hidaya.org/createprofile

**Option 2:** Complete this Automatic Monthly Donation Form to authorize Hidaya Foundation to withdraw donations directly from your bank account or credit/debit card account each month. Please complete all three sections. Then mail, fax, or scan and email the completed form to Hidaya Foundation.

## Section 1: Designation

<u>Education Program</u>		Zakat Yes/No
<input type="checkbox"/> Spread Edu: Support Poor Students	\$ _____	_____
<input type="checkbox"/> Spread Edu: Female Edu Drop-out Prevention - \$6 per month per student	\$ _____	_____
<input type="checkbox"/> Spread Edu: Adult Education	\$ _____	_____
<input type="checkbox"/> Spread Edu: Language Competency	\$ _____	_____
<input type="checkbox"/> Spread Edu: Sports & Fitness Training	\$ _____	_____
<input type="checkbox"/> No Orphan without Education - \$10/month per orphan	\$ _____	_____
<input type="checkbox"/> Hidaya Institute of Farming & Agriculture	\$ _____	_____
<input type="checkbox"/> Support Hidaya Schools- \$120/month per school	\$ _____	_____
<input type="checkbox"/> One Million Books	\$ _____	N/A
<input type="checkbox"/> Job Skills Training	\$ _____	_____
<input type="checkbox"/> Disaster Preparedness Team	\$ _____	N/A

  

### Information & Communication Technology Program

<input type="checkbox"/> Basic Computer Skills	\$ _____	_____
<input type="checkbox"/> Software Development Training	\$ _____	_____
<input type="checkbox"/> System Administration Training	\$ _____	_____
<input type="checkbox"/> Network Administration Training	\$ _____	_____

  

### Environment Program

<input type="checkbox"/> Green Energy	\$ _____	N/A
<input type="checkbox"/> One Million Trees - \$1 per tree	\$ _____	N/A
<input type="checkbox"/> Clean Drinking Water - Hand Pump - \$300 per pump	\$ _____	_____
<input type="checkbox"/> Clean Drinking Water - Deep Well, Water Tanker	\$ _____	N/A

<u>Social Welfare Program</u>		Zakat Yes/No
<input type="checkbox"/> Zakat Distribution (Obligatory Charity for Muslims)	\$ _____	YES
<input type="checkbox"/> Disaster Relief: Droughts, Earthquakes, Floods, etc.	\$ _____	_____
<input type="checkbox"/> One Million Meals - \$50 for 100 meals, \$500 for 1,000 meals	\$ _____	_____
<input type="checkbox"/> Marriage Support - \$200 to \$300 per marriage	\$ _____	_____
<input type="checkbox"/> Widow/Orphan Support - \$20 per month per orphan	\$ _____	_____
<input type="checkbox"/> Container Shipment for In-Kind Donations	\$ _____	N/A
<input type="checkbox"/> Sadaqah Sacrifice - Goat/Sheep \$120 or Ox/Buffalo \$420	\$ _____	N/A
<input type="checkbox"/> Sadaqah (Charity) - Cash	\$ _____	N/A

  

### Self Employment Program

<input type="checkbox"/> Animal Farming - \$50 poultry farming, \$220 goat farming	\$ _____	_____
<input type="checkbox"/> Small Businesses for the Poor - \$75 sewing machine, \$200 push-cart, \$200 - \$500 retail shop	\$ _____	_____
<input type="checkbox"/> Farmer Assistance	\$ _____	_____

  

### Health Care Program

<input type="checkbox"/> Medical Assistance	\$ _____	_____
<input type="checkbox"/> Medical Camps	\$ _____	_____
<input type="checkbox"/> Preventive Health Care Education	\$ _____	N/A

**To Double Your Donation, Ask Your Employer About Their Matching Gift Program**

## Section 2: Authorization for Automatic Monthly Donation

ACH Bank Withdrawal

**Attach a VOID check** (a check with VOID written on it)

Start Date: (mm/yy) \_\_\_\_\_ Amount: \_\_\_\_\_

Bank Name : \_\_\_\_\_

Routing #: (9 Digits: ) \_\_\_\_\_

Account# (10 Digits): \_\_\_\_\_

**OR**

Credit/Debit Card

Start Date: (mm/yy) \_\_\_\_\_ Amount: \_\_\_\_\_

Name: \_\_\_\_\_

Card No: \_\_\_\_\_

Expiry Date: (mm/yy) \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

## Section 3: Donor Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

I hereby authorize Hidaya Foundation to initiate automatic withdrawal from my bank account or credit/debit card account each month. This authorization is to remain in effect until revoked by me in writing and an acknowledgement has been received from Hidaya of my written request.

**Signature:** \_\_\_\_\_