



Hidaya Foundation
www.hidaya.org
 Tax ID#: 77-0502583

Automatic Monthly Withdrawal / Charge Form

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

- This Automatic Monthly Withdrawal Form is used for authorizing Hidaya Foundation for withdrawing donations directly from donor's **bank or credit/debit card account** each month. Please complete all four sections.
- Donations are tax deductible. Hidaya Foundation is a non-profit 501 (C) (3) educational and charitable organization with FEIN # 77-0502583.
- Please mail completed form with check written VOID to **Hidaya Foundation**, P.O. Box 5481, Santa Clara, CA 95056-5481.

Section 1: Country

- Pakistan Bangladesh India West Africa
 Sri Lanka Indonesia USA Where most needed

Section 2: Designation

<u>Social Welfare Program</u>		Zakah
		Yes/No
<input type="checkbox"/> General Donation	\$ _____ per month	_____
<input type="checkbox"/> Zakat (Alms) Distribution	\$ _____ per month	_____
<input type="checkbox"/> Disaster Relief: Droughts / Earthquakes / Floods	\$ _____ per month	_____
<input type="checkbox"/> One Million Meals	\$ _____ per month	_____
<input type="checkbox"/> Water Hand Pump – (\$200)	\$ _____ per month	_____
<input type="checkbox"/> Marriage Support for Girls (\$100 to \$300)	\$ _____ per month	_____
<input type="checkbox"/> Widow / Orphan Support	\$ _____ per month	_____
<input type="checkbox"/> Container Shipment	\$ _____ per month	N / A
<input type="checkbox"/> Farmer Assistance	\$ _____ per month	_____
<input type="checkbox"/> Self Employment	\$ _____ per month	_____
<input type="checkbox"/> Qard-e-Hasana	\$ _____ per month	_____
<input type="checkbox"/> Sadaqah / Charity (Cash)	\$ _____ per month	N / A
<input type="checkbox"/> Sadaqah / Charity (Goat/Sheep \$75 or Buffalo \$280)	\$ _____ per month	N / A
<input type="checkbox"/> Other: _____	\$ _____ per month	_____

<u>Education Program</u>		Zakah
		Yes/No
<input type="checkbox"/> General Donation	\$ _____ per month	_____
<input type="checkbox"/> No Orphan without Education	\$ _____ per month	_____
<input type="checkbox"/> Sponsor a Student	\$ _____ per month	_____
<input type="checkbox"/> Female Education Drop-Out Prevention	\$ _____ per month	_____
<input type="checkbox"/> Support a School	\$ _____ per month	_____
<input type="checkbox"/> IT Training	\$ _____ per month	_____
<input type="checkbox"/> Vocational Training	\$ _____ per month	_____
<input type="checkbox"/> Career Development	\$ _____ per month	_____
<input type="checkbox"/> One Million Books	\$ _____ per month	N / A
<input type="checkbox"/> Disaster Preparedness Team	\$ _____ per month	N / A
<input type="checkbox"/> One Million Trees	\$ _____ per month	N / A

<u>Health Care Program</u>		Zakah
		Yes/No
<input type="checkbox"/> General Donation	\$ _____ per month	_____
<input type="checkbox"/> Medical Assistance	\$ _____ per month	_____
<input type="checkbox"/> Hospital Assistance	\$ _____ per month	_____
<input type="checkbox"/> Medical Camps	\$ _____ per month	_____
<input type="checkbox"/> Preventive Health Care Education	\$ _____ per month	N / A

**To double your donation,
 Ask your employer about their Gift Matching Program**

Section 3: Authorization for Automatic Monthly Withdrawal / Charge

ACH Bank Withdrawal

Attach a check with VOID written on it to avoid bank charges to Hidaya Foundation.





Start Date: (mm/dd/yy) _____ Amount: _____

Bank Name : _____

Routing #: (9 Digits) : _____

Account# (10 Digits): _____

OR Credit Card Debit Card

Start Date: (mm/dd/yy) _____ Amount: _____

Name: _____

Card No: _____

Expiry Date: (mm/yy) _____ Billing Zip Code: _____

Section 4: Personal Information

Name: _____

Email: _____

Phone: _____

Address: _____

City: _____

State: _____ Zip: _____

Special Instructions (if any):

I hereby authorize Hidaya Foundation to initiate automatic withdrawal from my bank or credit/debit account each month. This authorization is to remain in effect until revoked by me in writing.

Signature: _____