



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

Hidaya Foundation Donation by Mail

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

- This Donation by Mail form is used to specify the projects which you would like to benefit from your donation to Hidaya Foundation
- Donations are tax deductible. Hidaya Foundation is a non-profit 501 (C) (3) educational and charitable organization with FEIN # 77-0502583.
- You can donate by mailing a check, or by completing **Section 4** to donate by electronic check or credit card. Please mail completed form 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>		<u>Zakah</u>
	\$ _____ per month	<u>Yes/No</u>
<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"/> Qurbani	\$ _____ per month	N / A
<input type="checkbox"/> Sadaqat-ul-Fitr	\$ _____ per month	N / A
<input type="checkbox"/> Fidya	\$ _____ per month	N / A
<input type="checkbox"/> Aqiqah	\$ _____ per month	N / A
<input type="checkbox"/> Kaffara	\$ _____ per month	N / A

<u>Education Program</u>		<u>Zakah</u>
	\$ _____ per month	<u>Yes/No</u>
<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>		<u>Zakah</u>
	\$ _____ per month	<u>Yes/No</u>
<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: Personal Information

Name: _____
 Email: _____
 Phone: _____

Address: _____
 City: _____
 State: _____ Zip: _____

Section 4: Authorization for a One-Time Withdrawal / Charge

Electronic Check

OR

Credit / Debit Card

Amount: \$ _____
 Bank Name : _____
 Routing #: (9 Digits) : _____
 Account# (10 Digits): _____

Amount: \$ _____
 Name: _____
 Card No: _____
 Expiry Date: (mm/yy) _____ Billing Zip Code: _____

Special Instructions (if any): _____

Signature: _____

Date: _____