



Islamic Center of Coral Springs

www.iccsfl.com

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Ph. 561-827-4968

ICCS DONATION/ AUTO-DEBIT FORM

DONOR INFORMATION (please use your billing address for selected method)

Name _____

Address _____ City/State/Zip _____

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Donation

I want to help ICCS with my **MONTHLY** contribution of :

\$50 \$100 \$200 \$500 \$1,000 Other \$ _____

Forms of Payment [Note: Credit Card Processor Deducts 3% of the Donation. Please use Bank Account if Possible.]

Checking Account (Please Attach a VOID Check) Personal Business
Routing# _____ Account Number _____

-- OR --

Credit Card Visa Mastercard Discover American Express
Card Number _____ Exp. Date _____ CVV _____

Name on Credit Card [or] Bank Account _____

I authorize **ICCS** to debit my account **MONTHLY** as noted above.

Signature _____ Date _____

ICCS is a Non-profit organization. Your gift is deductible to the fullest extent allowed by the IRS under Tax ID# 45-4854695.

You can Also Donate Online at : www.iccsfl.com

Return to: **ICCS**
11050 Wiles Rd, #104
Coral Springs, FL 33076
OR Fax to:
954-320-7577