



**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 to authorize Hidaya Foundation to withdraw donations directly from a donor's **bank account 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 a void check or credit/debit card info to **Hidaya Foundation**, P.O. Box 5481, Santa Clara, CA 95056, or fax to 1-866-344-3292.

## Section 1: Designation

### Social Welfare Program

		Zakat Yes/No
<input type="checkbox"/> General Donation	\$ _____ per month	N/A
<input type="checkbox"/> Zakat (Obligatory Charity for Muslims)	\$ _____ per month	N/A
<input type="checkbox"/> Disaster Relief: Droughts /Earthquakes / Floods	\$ _____ per month	_____
<input type="checkbox"/> One Million Meals - \$50 for 100 meals, \$500 for 1000 meals	\$ _____ per month	_____
<input type="checkbox"/> Marriage Support for Girls - \$100 to \$300 per marriage	\$ _____ per month	_____
<input type="checkbox"/> Widow/Orphan Support	\$ _____ per month	_____
<input type="checkbox"/> Container Shipment	\$ _____ per month	_____
<input type="checkbox"/> Farmer Assistance	\$ _____ per month	_____
<input type="checkbox"/> Self Employment	\$ _____ per month	_____
<input type="checkbox"/> Sadaqah (Charity) - Cash	\$ _____ per month	N/A
<input type="checkbox"/> Sadaqah (Charity) - \$100Goat/Sheep, \$350 Cow/Buffalo	\$ _____ per month	N/A

### Environment Program

<input type="checkbox"/> General Donation	\$ _____ per month	N/A
<input type="checkbox"/> Renewable Energy	\$ _____ per month	N/A
<input type="checkbox"/> One Million Trees	\$ _____ per month	N/A
<input type="checkbox"/> Clean Drinking Water – Hand Pump \$200 each	\$ _____ per month	_____
<input type="checkbox"/> Clean Drinking Water – Deep Well & Purification	\$ _____ per month	N/A

### Education Program

		Zakat 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 Edu Dropout 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

### Health Care Program

<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 Edu.	\$ _____ per month	N/A

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

## Section 2: Authorization for Automatic Monthly Withdrawal / Charge

ACH Bank Withdrawal

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

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

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

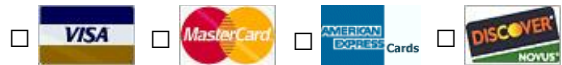
Routing #: (9 Digits: ) \_\_\_\_\_

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

OR

Credit Card

Debit Card



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

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

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

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

## Section 3: Personal Information

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

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

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

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

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

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

**Special Instructions (if any):** \_\_\_\_\_

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.

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