



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 3** 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: Designation

<u>Social Welfare Program</u>		Zakat Yes/No
<input type="checkbox"/> General Donation	\$ _____	N/A
<input type="checkbox"/> Zakat (Obligatory Charity for Muslims)	\$ _____	N/A
<input type="checkbox"/> Disaster Relief: Droughts /Earthquakes / Floods	\$ _____	_____
<input type="checkbox"/> One Million Meals - \$50 for 100 meals, \$500 for 1000 meals	\$ _____	_____
<input type="checkbox"/> Marriage Support for Girls - \$100 to \$300 per marriage	\$ _____	_____
<input type="checkbox"/> Widow/Orphan Support	\$ _____	_____
<input type="checkbox"/> Container Shipment	\$ _____	_____
<input type="checkbox"/> Farmer Assistance	\$ _____	_____
<input type="checkbox"/> Self Employment	\$ _____	_____
<input type="checkbox"/> Sadaqah (Charity) - Cash	\$ _____	N/A
<input type="checkbox"/> Sadaqah (Charity) - Goat/Sheep \$100 or Ox/Buffalo \$350	\$ _____	N/A
<input type="checkbox"/> Qurbani	\$ _____	N/A
<input type="checkbox"/> Sadaqat-ul-Fitr	\$ _____	N/A
<input type="checkbox"/> Fidya	\$ _____	N/A
<input type="checkbox"/> Aqiqah	\$ _____	N/A
<input type="checkbox"/> Kaffara	\$ _____	N/A
<u>Environment Program</u>		
<input type="checkbox"/> Renewable Energy	\$ _____	N/A
<input type="checkbox"/> One Million Trees	\$ _____	N/A
<input type="checkbox"/> Clean Drinking Water - Hand Pump \$200 each	\$ _____	_____
<input type="checkbox"/> Clean Drinking Water - Deep Well & Purification	\$ _____	N/A

<u>Education Program</u>		Zakat Yes/No
<input type="checkbox"/> General Donation	\$ _____	N/A
<input type="checkbox"/> No Orphan without Education	\$ _____	_____
<input type="checkbox"/> Sponsor a Student	\$ _____	_____
<input type="checkbox"/> Female Education Drop-Out Prevention	\$ _____	_____
<input type="checkbox"/> Support a School	\$ _____	_____
<input type="checkbox"/> IT Training	\$ _____	_____
<input type="checkbox"/> Vocational Training	\$ _____	_____
<input type="checkbox"/> Career Development	\$ _____	_____
<input type="checkbox"/> One Million Books	\$ _____	N/A
<input type="checkbox"/> Disaster Preparedness Team	\$ _____	N/A
<u>Health Care Program</u>		
<input type="checkbox"/> General Donation	\$ _____	N/A
<input type="checkbox"/> Medical Assistance	\$ _____	_____
<input type="checkbox"/> Hospital 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: Personal Information

Name: _____
Email: _____
Phone: _____

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

Section 3 Authorization for a One-Time Withdrawal / Charge

Electronic Check

OR

Credit Card / 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: _____