Hidaya Foundation
www.hidaya.org

Automatic Monthly Donation Form

Headquarters
P.O. Box 5481
Santa Clara, CA 95056
Toll Free: (866) 244-3292
Fax: (866) 344-3292
mail@hidaya.org

Option 1: You may sign up for Automatic Monthly Donation directly on our website at: www.hidaya.org/createprofile
Option 2: Complete this Automatic Monthly Donation Form to authorize Hidaya Foundation to withdraw donations directly from your bank account or credit/debit card account each month. Please complete all three sections. Then mail, fax, or scan and email the completed form to Hidaya Foundation.

Section 1: Designation

Social Welfare Program

		Zakat Yes/No
☐ Zakat Distribution (Obligatory Charity for Muslims)	$ _____	YES
☐ Disaster Relief: Droughts, Earthquakes, Floods, etc.	$ _____	_____
☐ One Million Meals - $50 for 100 meals, $500 for 1,000 meals	$ _____	_____
☐ Marriage Support - $200 to $300 per marriage	$ _____	_____
☐ Widow/Orphan Support - $40 per month per widow	$ _____	_____
☐ Container Shipment for In-Kind Donations	$ _____	NO
☐ Sadaqah Sacrifice - Goat/Sheep $120 or Ox/Buffalo $420	$ _____	NO
☐ Sadaqah (Charity) - Cash	$ _____	NO

Environment Program

☐ Green Energy	$ _____	NO
☐ One Million Trees - $1 per tree	$ _____	NO
☐ Clean Drinking Water - $300 per hand pump, $10 per 1,200 gallons from water tanker	$ _____	_____

Education Program

		Zakat Yes/No
☐ No Orphan without Education - $10/month per orphan	$ _____	_____
☐ Support Hidaya Schools- $120/month per school	$ _____	_____
☐ Support Poor Students	$ _____	_____
☐ Hidaya Institute of Science & Technology	$ _____	_____
☐ Hidaya Institute of Farming & Agriculture	$ _____	_____
☐ Job Skills Training	$ _____	_____
☐ Adult Education	$ _____	_____

Self Employment Program

☐ Animal Farming - $50 poultry, $220 goats	$ _____	_____
☐ Small Businesses for the Poor - $75 sewing machine, $200 push-cart, $200-$500 retail shop	$ _____	_____
☐ Farmer Assistance	$ _____	_____

Health Care Program

☐ Medical Assistance	$ _____	_____
☐ Medical Camps	$ _____	_____

To Double Your Donation, Ask Your Employer about Their Matching Gift Program

Section 2: Authorization for Automatic Monthly Donation

☐ ACH Bank Withdrawal **OR** ☐ Credit/Debit Card

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

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

Bank Name : _____

Routing #: (9 Digits:) _____

Account# (10 Digits): _____

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

Name: _____

Card No: _____

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

Section 3: Donor Information

Name: _____

Email: _____

Phone: _____

Address: _____

City: _____

State: _____ Zip:_____

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 and an acknowledgement has been received from Hidaya of my written request.

Signature: _____

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