

ISLAMIC SOCIETY OF GREATER HARRISBURG

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PLEDGE /DONATION FORM

Donor's Information

Date: _____

Name: _____ Home Address: _____

City: _____ State: _____ ZIP: _____

Home Phone #: _____ Cell #: _____ Email: _____

Contribution Information

☐ Donations ☐ Pledge

Amount: \$ _____

I (we) want to make this contribution as

One Time

☐ Now ☐ On Date: _____

Recurring

☐ Monthly ☐ Quarterly ☐ Annually

I (we) would like my (our) contribution applied towards

☐ Masjid ☐ Hifz ☐ Zakath ☐ Other: _____

Payment Information:

I (we) plan to make this contribution in the form of:

☐ Cash ☐ Check ☐ PayPal (isghdonations@isghpa.org) ☐ Pop Money (treasurer@isghpa.org)

☐ Debit/Credit Card : _____ Expiry: _____ CVT: _____ Billing Zip: _____

☐ ISGH Direct Deposit Bank Details: ISGH Account # 538194705; Routing # 043318092

Note: PayPal, Pop Money and Direct deposit need to be setup you. If you need any help in setting up, please contact one of the council members for further assistance.

Acknowledgement Information:

☐ Please keep my donations Anonymous.

Please use the following name/s for all acknowledgements

	Signature(s)
	Date

Please mail all your tax-exempt Donations, Zakat and others in the form of checks, corporate matches, or other donations payable to: **ISGH**

Tax ID #: 23-2048356