



Pledge Form

Islamic Community of Bryan/College Station
417 Stasney • College Station • TX, 77840

(979)846-4222 • ec@icbcs.org

Name _____
Address _____
City _____ State _____ Zip _____
Home _____ Email _____
Work _____

Name of my bank: _____

_____ Please include a voided check to activate automatic withdrawals. _____

Voided check attached Please contact me later to obtain a voided check

Amount of monthly pledge: \$25 \$50 \$100 \$200 Other _____

Please begin withdrawals in the month of _____, 20____ and continue for ____ months.

I authorize the Islamic Community of Bryan/College Station to withdraw from my bank account, on the 5th day of every month, the amount marked above. At any time, I may send a written notice of any change or termination to ICBCS.

Signature _____ Date _____

Thank you for your generous gift!