



AMERICAN MUSLIM DIVERSITY ASSOCIATION

44760 Ryan Road

Sterling Heights, Michigan

Phone: 586-804-7130; 248-825-3541

(Mail to: Attn: AMDA-ACH, 44760 Ryan Road; Sterling Heights, MI 48314)

CHECK-O-MATIC FORM

“O believers support Allah’s cause and He will support you and establish your family”

I hereby authorize and request AMDA and/or its bank to deduct the following amount each month for supporting its programs:

☐ \$100.00 ☐ \$50.00 ☐ \$25.00 ☐ \$20.00 ☐ \$ _____ (Other please specify)

Please specify the activity to support:

☐ Masjid Maintenance ☐ Construction Fund ☐ Donation to support AMDA activity

Membership:

Do you want to become an active member?

☐ Yes ☐ No | Membership Type ☐ Family Membership ☐ Individual Membership

Name: _____
(Last) (First) (MI)

Spouse Name: _____
(Last) (First) (MI)

Address: _____
(Street Address)

(City) (State) (ZIP)

Phone: _____ Email: _____
(Home) (Cell) (Required so we can notify you)

Signature: _____ Date: _____

By signing this form and attaching a voided check, I authorize AMDA to do Electronic Fund Transfer for Direct Payments (Automated Clearing House Debits) of above amount from my checking account in the following bank. This authorization will remain in effect until terminated in writing by me.

(Attach voided check here)