

AMERICAN MUSLIM DIVERSITY ASSOCIATION

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

(Mail to: Attn: AMDA-ACH, 5530 Shale Drive, Troy, MI 48085)

CHECK-O-MATIC FORM

"O believers support Allah's cause and He will support you and establish your family"

supporting its programs:		ollowing amount each month for
\$100.00 \$50.00 \$25.0	00	6 (Other please specify)
Please specify the activity to support:		
Masjid Maintenance Construct	ion Fund Donati	on to support AMDA activity
Name: (Last)	(First)	(MI)
Address:(Street Address)		
(City)	(State)	(ZIP)
Phone: (Co	ell)	(Required so we can notify you)
Signature:	Date	
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By signing this form and attaching a voided Direct Payments (Automated Clearing Hou following bank. This authorization will rem	d check, I authorize AMDA t use Debits) of above amoun	o do Electronic Fund Transfer for t from my <u>checking account</u> in the