

In the Name of God, the Beneficent, the Merciful

Al-Umma Center of Santa Clarita Valley

P.O. Box 1154. Santa Clarita, CA 91386
 (661) 532-8272 center@aucscv.org www.aucscv.org Tax ID: 46-1819648

DONOR SUPPORT FORM

Donor Name:
First Middle Last

() -
Phone email address

Spouse Name:
First Middle Last

() -
Phone email address

Residence	Work
Street: <input type="text"/>	Street: <input type="text"/>
City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>	City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>

I/We, hereby, pledge to support Al-Umma Center of Santa Clarita Valley: (Please, check all that apply)

I/We would like to become a monthly supporter and pledge the amount of \$_____ per month.

I/We have enclosed my check for this month's pledge payment.

I/We am/are enclosing a onetime check in the amount of \$_____.

My employer participates in the matching gift program:

Name of Employer	Address of Employer
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I/We would like my donation to be anonymous.

Special Funds Pledge:

I/We, hereby, pledge the amount of \$_____ to support The Center's effort to purchase a permanent location. I understand that the fulfillment of this special pledge shall be obligatory when, and only when, the Board of Directors of The Center opens escrow or enters in a commitment or contract to acquire any real estate property (land or building) for the purpose of establishing a permanent location for The Center.

<input type="text"/>	<input type="text"/>
Donor Signature	Spouse Signature
Date	Date

Please, make checks payable to: "AUCSCV"

* Please fill out all greyed out fields or indicate N/A