



*In the Name of God, the Beneficent, the Merciful.*  
**ISLAMIC EDUCATION CENTER**  
 HUSAINI ASSOCIATION OF GREATER CHICAGO, INC.  
 1269 GOODRICH AVENUE ❖ GLENDALE HEIGHTS ❖ IL 60139-3371  
 Phone/Answering: (630) 469-5533 ❖ Fax: (630) 469-5598  
[www.iechusaini.org](http://www.iechusaini.org)

**PLEDGE FORM**

**I/We want to support IEC in its efforts to expand the premises for our community.**

**Name:** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Tel #** \_\_\_\_\_ **Cell #** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**I/We pledge:**

- \$500.00 monthly (\$16.75 a day) for 2 years total \$12,000.00 @ \$6,000.00 a year
- \$400.00 monthly (\$13.50 a day) for 2 ½ years total \$12,000.00 @ \$4,800.00 a year
- \$250.00 monthly (\$8.50 a day) for 4 years total \$12,000.00 @ \$3,000.00 a year
- \$500.00 Initial donation for the project (Water)

**Total Commitment** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I wish to make this donation in the following duration (Circle one).**

- Monthly     Annual     One-time

**Payments can also be made via Credit Card**

**Your pledge will be charged on or near the 15th of each month. Please inform us of any changes to your credit card number or expiration date by contacting fund raising leaders listed in this form or via email: [expansionproject@iechusaini.org](mailto:expansionproject@iechusaini.org)**

- Visa     MC     Amex     Discover     Other \_\_\_\_\_

**Card #** ..... **Exp. Date:** \_\_\_\_\_

**Print name as it appears on the credit card**

**Billing address** \_\_\_\_\_

**Authorization signature** \_\_\_\_\_

**Today's date** \_\_\_\_\_ **Security code: (from the back of the card)** \_\_\_\_\_

**MONTHLY CHECK-O-MATIC INFORMATION**

I Mr/Mrs \_\_\_\_\_ resident at \_\_\_\_\_

Here by authorize IEC Husaini and their financial institution to make withdrawals of amounts stated hereunder on a monthly basis from my bank account. (Please attach a copy of voided check, if possible)

BANK NAME: \_\_\_\_\_

BANK ADDRESS: \_\_\_\_\_

BANK ACCOUNT NUMBER: \_\_\_\_\_

BANK ROUTING NUMBER: \_\_\_\_\_

AMOUNT TO BE WITHDRAWN EVERY MONTH\*: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

*\*The amount will be withdrawn on or before sixteenth (16) of every month from your bank account. Your contributions are tax deductible.*

**BY THE GRACE OF ALLAH, I /WE ALSO WISH TO MAKE A ONE TIME DONATION OF**

- \$50,000     \$30,000     \$20,000     \$15,000

The above can be paid in two installments

**Acknowledgement Preferences: IEC intends to recognize donors in our publications and other events.**

**Please indicate below how would you like to be recognized:**

- To recognize my pledge, please list from \_\_\_\_\_
- I prefer that my contributions remain anonymous and may not be include in any published list
- I would like my contribution to be listed 'in honor of' or 'in memory of' \_\_\_\_\_

**Remember:**

- Record all information in full on this form provided.
- Make all checks payable to IEC Expansion Project.
- DO NOT MAIL CASH.
- Charitable tax receipts will be mailed if over \$250.00 in a year.
- You can download additional forms from our website.

**Tax Deduction:** You may deduct charitable contributions of money or property made to IEC.

IEC is registered and has a Federal Tax ID #23-7223818. Payments must be received before the year end to be eligible for a tax deduction in that year.

*Jazakallah Khair. May Allah grant you Sawab, Prosperity and Longevity of life to serve your community.*

**Any Questions Contact:**

Dr. Alamdar Bader	(708) 308 - 5836	Mrs. Laila Razvi	(630) 290 - 3799
Br. Sajjad Lakhani	(630) 788 - 3886	Mrs. Shaheen Khan	(847) 541 - 1443
Dr. Shafeeq Bader	(630) 452 - 6950	Mrs. Khursheed Iqbal	(630) 213 - 9314
Br. Vizarat Gauhar	(630) 347 - 3673		
Br. Jawad Razvi	(630) 550 - 3135		
Br. Abid Noor	(847) 877 - 0218		