



ISLAMIC SHURA COUNCIL OF SOUTHERN CALIFORNIA

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TWENTY TWENTY MONTHLY DONATION PROGRAM

Member Organization Affiliation: _____
(Mosque or Organization Name)

Amount (\$20 Minimum): _____

Recurring (12 Month Minimum): _____

Date of Withdrawal: _____

Contact Information

Name: _____

Address (Card Billing): _____

City: _____ **State:** _____ **Zipcode:** _____

Phone Number: (____) _____ **Email:** _____

Credit Card

VISA MASTERCARD DISCOVER AMEX (CIRCLE ONE)

Name on Card (If Different than Above): _____

Credit Card Number: _____

CVV: _____ **Expiration Date:** _____