



Wafa House, Inc.
PO Box 2102, Clifton, NJ 07015-2102
(973) 278-6229 www.wafahouse.org

Please print clearly.

Name _____

Address _____
Street

_____ City/Town State Zip code

Phone (Home) _____

(Cell) _____

Email Address _____

I would like to make a monthly pledge of...

\$1,000 \$500 \$250 \$100 \$50 \$25

Other: _____

I would like to make a **one time** donation of \$ _____

Payment method:

Check Cash

PayPal www.wafahouse.org/donations.html

I Would prefer an Automatic Withdrawal from my Checking Saving

Bank Name: _____

Routing # _____ Account # _____

Note: Please provide a voided check for automatic transfer

I hereby give Wafa House, Inc. permission to withdraw my monthly pledge from my bank account/credit card. I understand that I may change or end the agreement with a written notice.

Signature: _____ Date: ____/____/____

YOUR DONATIONS ARE TAX DEDUCTIBLE