



Wafa House, Inc.

PO Box 2102, Clifton, NJ 07015-2102
(973) 278-6229 www.wafahouse.org / www.wafahouse_inc@yahoo.com

CAUSE: **Domestic Violence Prevention**

Name: _____

Cell Phone: (____) _____ - _____ Home Phone: (____) _____ - _____

Email Address: _____

Other Contact: (____) _____ - _____

Address: _____

City: _____ State: _____

Zip code: _____

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

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