

**RIHLATUL ILM FOUNDATION**  
*Council of Muslim Theologians for Islamic Education*

A Non-Profit organization  
PA Entity ID: 4275300  
Federal EIN: 47-0972348

**MONTHLY DONATION FORM**

- The Automatic Monthly withdrawal form is used to authorize the RIHLATUL ILM FONDATION (RIF) to withdraw donations directly from a donor's bank account each month.
- Please mail a complete form with a void check to RIHLATUL ILM FOUNDATION, 1191 Walnut Street, Lansdale, PA 19446.
- Donors must complete all three sections.

**Section 1: Designation**

- Operating Fund: Donations will support the RIF's general administrative expenses. These expenses include, but not limited to, payments for electric, gas, water, heating/cooling, insurance, cleaning supplies, property maintenance and salary. Amount of \$ \_\_\_\_\_
- Trust Fund: Donations will help in purchasing and constructing new facilities for the use of RIHLATUL ILM FOUNDATION. Amount of \$ \_\_\_\_\_
- Zakat Fund: Donations will help the needy students in RIHLATUL ILM FOUNDATION. Amount of \$ \_\_\_\_\_

**Section 2: Authorized for Automatic Monthly Withdrawal**

ACH Bank Withdrawal

Please attach a VOID check (a check with "VOID" written on it)

Start Date: (mm/dd/yyyy) \_\_\_\_\_ Total Amount: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Routing # (9 Digits): \_\_\_\_\_ Account # (10 Digits): \_\_\_\_\_

Please circle one of the following Withdrawal Date: 5<sup>th</sup> of the month or 20<sup>th</sup> of the month

**Section 3: Personal Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

I hereby authorize RIHLATUL ILM FOUNDATION to initiate automatic withdrawal from my bank account each month. This authorization is to remain in effect **until revoked by me in writing.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_