

 Pledge Form		Islamic Social Services of Oregon State (ISOS) P.O. Box 5996, Aloha, OR 97006-5996 (www.i-sos.org) Tel:503-259-2320	
Pledge Amount		Payment Method	Your Information
☐ \$15 ☐ \$200 ☐ \$30 ☐ \$300 ☐ \$50 ☐ \$400 ☐ \$100 ☐ \$ _____		☐ Cash ☐ Check ☐ Auto Deduction Note: Sign authorization below	Name: _____ Address: _____ Address: _____ City: _____ State: _____ Tel. _____ Email: _____
Donation Frequency: ☐ One Time ☐ Monthly on: ___ 3rd or ___ 18th			
Auto deduction authorization: I authorize my bank to pay Islamic Social Services of Oregon State (ISOS) the amount indicated on the day above. This authorization will be the same as if I had personally signed a check and will remain in effect until I notify ISOS that I wish to discontinue the donation. Please include blank voided check. Signature: _____ Date: _____			
You can also donate on our website using PayPal.  S is a 501c3 tax exempt charitable organization.			

 Pledge Form		Islamic Social Services of Oregon State (ISOS) P.O. Box 5996, Aloha, OR 97006-5996 (www.i-sos.org) Tel:503-259-2320	
Pledge Amount		Payment Method	Your Information
☐ \$15 ☐ \$200 ☐ \$30 ☐ \$300 ☐ \$50 ☐ \$400 ☐ \$100 ☐ \$ _____		☐ Cash ☐ Check ☐ Auto Deduction Note: Sign authorization below	Name: _____ Address: _____ Address: _____ City: _____ State: _____ Tel. _____ Email: _____
Donation Frequency: ☐ One Time ☐ Monthly on: ___ 3rd or ___ 18th			
Auto deduction authorization: I authorize my bank to pay Islamic Social Services of Oregon State (ISOS) the amount indicated on the day above. This authorization will be the same as if I had personally signed a check and will remain in effect until I notify ISOS that I wish to discontinue the donation. Please include blank voided check. Signature: _____ Date: _____			
You can also donate on our website using PayPal.  S is a 501c3 tax exempt charitable organization.			

 Pledge Form		Islamic Social Services of Oregon State (ISOS) P.O. Box 5996, Aloha, OR 97006-5996 (www.i-sos.org) Tel:503-259-2320	
Pledge Amount		Payment Method	Your Information
☐ \$15 ☐ \$200 ☐ \$30 ☐ \$300 ☐ \$50 ☐ \$400 ☐ \$100 ☐ \$ _____		☐ Cash ☐ Check ☐ Auto Deduction Note: Sign authorization below	Name: _____ Address: _____ Address: _____ City: _____ State: _____ Tel. _____ Email: _____
Donation Frequency: ☐ One Time ☐ Monthly on: ___ 3rd or ___ 18th			
Auto deduction authorization: I authorize my bank to pay Islamic Social Services of Oregon State (ISOS) the amount indicated on the day above. This authorization will be the same as if I had personally signed a check and will remain in effect until I notify ISOS that I wish to discontinue the donation. Please include blank voided check. Signature: _____ Date: _____			
You can also donate on our website using PayPal.  S is a 501c3 tax exempt charitable organization.			