







 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
<input type="checkbox"/> \$15 <input type="checkbox"/> \$200 <input type="checkbox"/> \$30 <input type="checkbox"/> \$300 <input type="checkbox"/> \$50 <input type="checkbox"/> \$400 <input type="checkbox"/> \$100 <input type="checkbox"/> \$ _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Auto Deduction Note: Sign authorization below	Name: _____ Address: _____ Address: _____ City: _____ State: _____ Tel. _____ Email: _____
Donation Frequency: <input type="checkbox"/> One Time <input type="checkbox"/> 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
<input type="checkbox"/> \$15 <input type="checkbox"/> \$200 <input type="checkbox"/> \$30 <input type="checkbox"/> \$300 <input type="checkbox"/> \$50 <input type="checkbox"/> \$400 <input type="checkbox"/> \$100 <input type="checkbox"/> \$ _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Auto Deduction Note: Sign authorization below	Name: _____ Address: _____ Address: _____ City: _____ State: _____ Tel. _____ Email: _____
Donation Frequency: <input type="checkbox"/> One Time <input type="checkbox"/> 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
<input type="checkbox"/> \$15 <input type="checkbox"/> \$200 <input type="checkbox"/> \$30 <input type="checkbox"/> \$300 <input type="checkbox"/> \$50 <input type="checkbox"/> \$400 <input type="checkbox"/> \$100 <input type="checkbox"/> \$ _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Auto Deduction Note: Sign authorization below	Name: _____ Address: _____ Address: _____ City: _____ State: _____ Tel. _____ Email: _____
Donation Frequency: <input type="checkbox"/> One Time <input type="checkbox"/> 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.		