



Masjid Bilal Ibn Rabah

1545 Russell Cave Rd., Lexington, KY 40505

Url: <http://www.masjidbilalky.org>

Phone: (859) 233-4827

Monthly Pledge Form

Personal Information

First Name: _____ Last Name: _____

Home Address

Street: _____ Phone: _____

City: _____ Email: _____

State: _____ ZIP: _____

I agree to allow Masjid Bilal to deduct from my checking account in the following amount:

\$20.00 \$30.00 \$50.00 \$100.00 \$200.00 Other: \$_____

Checking Acc #: _____ Routing #: _____

Signature: _____ Date: _____