



NIDA - UL - ISLAM
 CENTER OF ISLAMIC KNOWLEDGE
 250 Hargreaves Ave. Teaneck NJ 07666
 201 - 833 - 2162 | nidaulislam.org



Sadaqa-E-Jariah Plan (Continuous Charity)

Application for Recurring Monthly Donations - Earn Your Paradise by Giving Sadaqa-E-Jariah!

PART I: INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Profession: _____ Can you volunteer your professional services to NUI? YES NO

PART II: PAYMENT OPTIONS

*- Nida-Ul-Islam is a 501(c)(3) nonprofit organization. Your donation is tax-exempt and 100% tax deductible.
 -Your monthly contribution will be used towards the daily affairs and maintenance of the House of Allah, overcome the Masjid's deficit, and will help us continue to work towards providing the community with beneficial and educational services.
 -May Allah reward you, Insha-Allah. May Allah take care of your home and all your needs, Insha-Allah, just as you continue to take care of Allah's house and the needs of its attendees. Ameen.*

Choose Option : Automatic Monthly Deposit Recurring Credit Card Payment Cash/Check

\$30/month (a dollar a day) \$50/month \$100/month \$250/month \$500/month Other _____

Automatic Monthly Deposit *Please Attach A Voided Check*****

Bank Name: _____ Account #: _____

I hereby authorize Nida-Ul-Islam of Teaneck, NJ to charge my account the _____ day of every month.

Signature: _____

Recurring Credit Card Payment/PayPal

PayPal (I will sign-up for recurring payments via PayPal on NUI's website, www.nidaulislam.org)

Or, if you do not have a PayPal account, Please fill out the details below.

Name: _____

Card Number: _____

Expiration Date: _____

CVC (Credit Verification Code) _____
 (last three digits after the credit card # on back of card)

I hereby authorize Nida-Ul-Islam of Teaneck, NJ to charge my account the _____ day of every month.

Signature: _____

Monthly Payment via Check/Cash

Check

*Cash

*If payment will be done via cash, member must retain all receipts as proof of timely payments and good standing membership.

Signature: _____

PART III: For NUI Use Only

NUI Approver Name: _____ Signature: _____ Date: _____