Muslim Association of Wyoming Valley

Donation Pledge Form

Thank you for supporting MAWV programs and services.
Please complete this pledge form and return it to an MAWV representative.

1. DONOR INFORMATION

Full Name (as you would like it to appear).		Date	
Address			
City		State	ZIP Code
Phone		Email	
Donor Name for Recognition		Anonymous?	☐ Yes ☐ No

2. PLEDGE INFORMATION

Total Pledge Amount	$	Payment Frequency	☐ One-Time ☐ Monthly ☐ Quarterly ☐ Annually
Start Date	___ / ___ / ____	End Date / Duration	
Donation Designation			
Other Designation			
Employer Matching Gift?			

3. PAYMENT METHOD

☐ Cash	☐ Check payable to MAWV Check #:
☐ Credit/Debit Card	☐ Online Donation / Website Confirmation #:
☐ Zelle / Bank Transfer	☐ Other:

4. ACKNOWLEDGMENT

I/we pledge to support MAWV in the amount and frequency indicated above. I understand that this pledge represents my/our intention to give and may be fulfilled according to the selected schedule.

Donor Signature		Date	
MAWV Representative		Date Received	

5. MAWV USE ONLY

Received By		Receipt Sent?	☐ Yes. ☐ No