

Botswana Muslim Association

P. O. Box 786, Gaborone,
Botswana

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DONATION FORM

Section A – Contract

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Email list subscription: Y / N

Section B – Frequency

One Time: Recurring: Monthly / Yearly:

Starting from: _____ ending on (if applicable): _____

Section C – Mode of Payment

Auto Debit from bank account

Bank Name: _____

Account #: _____ Routing #: _____

Auto Debit from Credit Card:

Card #: _____

Expiry Date: _____ 3 Digit Code: _____

Paying cash / check#: _____ with donation form.

Signature: _____

Date: _____