Malik Academy

Al Bustan Preschool

Donation FORM

I authorize Malik Academy to withdraw my monthly pledge from my Bank/Credit Account.

Monthly Amount: ☐ $250 ☐ $100 ☐ $75 ☐ $50 ☐ Other $_____ X___ Months.

Or **One Time Donation of** $_____

Pledge Method: ☐ American Express ☐ Visa ☐ Master Card ☐ Discover

Credit card #: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **Expires:** __ __/__ __

Or ☐ Bank Account Withdrawal*(Please enclose a VOID CHECK)

Name: _____

Address:_____

_____
City   State   Zip

Email:_____@_____

Signature: _____

Date: _____

Tel: (   )   -

Total Donation Amount: _____

To stop you monthly withdrawal you can simply send us an email. To info@malikacademy.org
Or contact the school @ 808 Memorial Drive, Cambridge, MA 02139 Tel:(617) 868-2322 • Fax: (617) 395-8200
or Donate online @ www.malikacademy.org