

Iranian Community School 311 Maple Avenue, Suite A Vienna, VA 22180 Phone: 703-255-IRAN (4726) info@iraniancommunityschool.com

## **GIVING FORM**

Thank you for taking an active role in supporting the Persian Cultural Center & Iranian Community School. Your gift allows us to continue to provide a place and program where the children of our community can learn and preserve our rich culture.

Name(s)						
City			State	Zip Code		
Telephone		Email				
I'd like to make a	One-Time Gift	Monthly Gift	Quarterly Gift	Semi-Annual Gift Annual Gift		
On the	_1 <sup>st</sup> of the month	e month				
Start Date:	:/(n	nm/yyyy)	End Date:/	( <i>mm</i> /yyyy)		
In the amount of	\$25\$50 _	\$100\$250 _	\$500\$1,000	\$ Other Amount (min. \$10)		
Please apply my gif	<b>`t to:</b> ]	Expansion Project	OR	General Fund		
- OR-	donation from my: count <i>[Please attach o</i> account <i>Number</i> _	n voided check]		Expiration Date /		

I understand my future donations will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift any time through the online donation form at <u>www.iraniancommunityschool.com</u> or by contacting Persian Cultural Center & Iranian Community School by phone or mail. All donations provided to Persian Cultural Center & Iranian Community School originating as ACH transactions comply with U.S. Law.

Signature	Date
(Required)	

## KEEP THIS PORTION FOR YOUR RECORDS

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I'd like to make a One-Time		-Time Gift	Gift Monthly Gift		Quarterly Gift			Semi-Annual Gift Annual Gi		
On the	1 <sup>st</sup> of the	month	OR			$\15^{\text{th}}$ of the month				
Start Date:/		( <i>n</i>	(mm/yyyy)		End Da	End Date:/		( <i>mm/yyyy</i> )		
In the amount of _	\$25	\$50	\$100	\$250	\$500		\$1,000	\$	Other A	mount ( <b>min. \$10</b> )
Please apply my gift to:		]	_Expansion Project			OR		General Fund		

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