PLEDGE FORM

FOR

Darul-Uloom Al-Madania Inc.

182 Sobieski Street, Buffalo, NY 14212, U.S.A.
Tel: (716) 892-2606, (716) 895-3318; Fax: (716) 892-6621

PRE-AUTHORIZATION FORM

NAME: _____
First Middle Last

ADDRESS:
_____

_____

PHONE: (_____) _____

I hereby authorize Darul-Uloom Al-Madania Inc., to debit my checking account for monthly payments on approximately the tenth (10th) of each month. This will continue until I decide to stop by submitting a written notice 30 days in advance to Darul-Uloom Al-Madania Inc.

CONTINUOUS MEMERSHIP

AMOUNT DRAFTED MONTHLY: _____ $ _____.____

BANKS'S NAME: _____

CHECKING ACCOUNT NUMBER: _____

SIGNATURE: _____ DATE: _____

Please enclose a blank check marked "VOID" and signed.