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| |  |  | | --- | --- | |  | **HABIB ALRAHMAN CHARITY FOUNDATION PLEDGE FORM FOR DAILYSIS  Your donation is tax deductible Tax Id # 84-2053329** |  Donor Information:  |  |  | | --- | --- | | Name |  | | Billing address |  | | City, State, Zip Code |  | | Phone Number |  |  Pledge Information I pledge a total of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be paid: once Now monthly until: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I plan to make this contribution in the form of: cash check payable to HACF  **Pay using Zelle – donate@hacfkidneycenter.org**  **Pay using Paypal - donate@hacfkidneycenter.org**   |  |  |  |  | | --- | --- | --- | --- | | Bank Name |  | | | | Account Number |  | | | | Routing Number |  | | | | Credit Card Details |  | EXP | ZIP | |  | | | | | Signature(s) Date | | | |  |  |  |  | | --- | --- | --- | |  |  |  | |