



Hidaya Foundation
www.hidaya.org
Tax ID# 77-0502583

Hidaya Foundation Donation by Mail

Headquarters
P.O. Box 5481
Santa Clara, CA 95056
Toll Free: (866) 244-3292
mail@hidaya.org

- This Donation by Mail form is used to specify the projects you would like to designate your donation towards
- Donations are tax deductible. Hidaya Foundation is a non-profit 501(C)(3) charitable organization with FEIN # 77-0502583.
- You can donate by mailing a check/money order or completing **Section 3** for your Credit/Debit Card. Please mail completed form to: Hidaya Foundation, P.O. Box 5481, Santa Clara, CA 95056-5481

Section 1: Designation

<u>Education Program</u>		<u>Zakat</u> <u>Yes/No</u>
<input type="checkbox"/> General Donation	\$ _____	N/A
<input type="checkbox"/> Spread Edu: Support Poor Students	\$ _____	_____
<input type="checkbox"/> Spread Edu: Female Edu Drop-out Prevention	\$ _____	_____
<input type="checkbox"/> Spread Edu: Adult Education	\$ _____	_____
<input type="checkbox"/> Spread Edu: Language Competency	\$ _____	_____
<input type="checkbox"/> Spread Edu: Sports & Fitness Training	\$ _____	_____
<input type="checkbox"/> No Orphan without Education	\$ _____	_____
<input type="checkbox"/> Hidaya Institute of Farming & Agriculture	\$ _____	_____
<input type="checkbox"/> Support Hidaya Schools	\$ _____	_____
<input type="checkbox"/> One Million Books	\$ _____	N/A
<input type="checkbox"/> Job Skills Training	\$ _____	_____
<input type="checkbox"/> Disaster Preparedness Team	\$ _____	N/A

<u>Information & Communication Technology Program</u>		
<input type="checkbox"/> General Donation	\$ _____	N/A
<input type="checkbox"/> Basic Computer Skills	\$ _____	_____
<input type="checkbox"/> Software Development Training	\$ _____	_____
<input type="checkbox"/> System Administration Training	\$ _____	_____
<input type="checkbox"/> Network Administration Training	\$ _____	_____

<u>Environment Program</u>		
<input type="checkbox"/> General Donation	\$ _____	N/A
<input type="checkbox"/> Green Energy	\$ _____	N/A
<input type="checkbox"/> One Million Trees	\$ _____	N/A
<input type="checkbox"/> Clean Drinking Water – Hand Pump \$200 per pump	\$ _____	_____
<input type="checkbox"/> Clean Drinking Water – Deep Well	\$ _____	N/A

<u>Social Welfare Program</u>		<u>Zakat</u> <u>Yes/No</u>
<input type="checkbox"/> General Donation	\$ _____	N/A
<input type="checkbox"/> Zakat Distribution(Obligatory Charity for Muslims)	\$ _____	YES
<input type="checkbox"/> Disaster Relief: Droughts, Earthquakes, Floods, etc.	\$ _____	_____
<input type="checkbox"/> One Million Meals - \$50 for 100 meals, \$500 for 1,000 meals	\$ _____	_____
<input type="checkbox"/> Marriage Support - \$150 to \$300 per marriage	\$ _____	_____
<input type="checkbox"/> Widow/Orphan Support	\$ _____	_____
<input type="checkbox"/> Container Shipment for In-Kind Donations	\$ _____	N/A
<input type="checkbox"/> Sadaqah Sacrifice - Goat/Sheep \$100 or Ox/Buffalo \$350	\$ _____	N/A
<input type="checkbox"/> Sadaqah (Charity) - Cash	\$ _____	N/A
<input type="checkbox"/> Aqiqah	\$ _____	N/A
<input type="checkbox"/> Kaffara	\$ _____	N/A
<input type="checkbox"/> Fidya	\$ _____	N/A
<input type="checkbox"/> Sadaqat-ul-Fitr	\$ _____	N/A
<input type="checkbox"/> Qurbani	\$ _____	N/A

<u>Self Employment Program</u>		
<input type="checkbox"/> General Donation	\$ _____	N/A
<input type="checkbox"/> Animal Farming	\$ _____	_____
<input type="checkbox"/> Small Businesses for the Poor	\$ _____	_____
<input type="checkbox"/> Farmer Assistance	\$ _____	_____

<u>Health Care Program</u>		
<input type="checkbox"/> General Donation	\$ _____	N/A
<input type="checkbox"/> Medical Assistance	\$ _____	_____
<input type="checkbox"/> Medical Camps	\$ _____	_____
<input type="checkbox"/> Preventive Health Care Education	\$ _____	N/A

Section 2: Donor Information

Name: _____
 Email: _____
 Phone: _____

Address: _____
 City: _____
 State: _____ Zip: _____

Section 3: Authorization for a One-Time Charge Using Credit/Debit Card

Amount: _____ Credit/Debit Card No. _____ Exp: _____
 mm/yy

Special Instructions (if any): _____

Signature: _____

Date: _____

To Double Your Donation, Ask Your Employer About Their Matching Gift Program