



# Islamic Association of Lewisville / Flower Mound Masjid Al-Noor

3430 Peter's Colony, Flower Mound, TX 75022 | Ph: (972) 691-5566

## Sunday School/Quran School Payment Authorization

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_  
First M.I. Last First M.I. Last

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_ Spouse's Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Spouse's Email: \_\_\_\_\_

### Children

	Name	Date of Birth	Level
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

My Child/Children will be enrolled in:

- ONLY SUNDAY SCHOOL
- ONLY QURAN SCHOOL
- BOTH SUNDAY SCHOOL AND QURAN SCHOOL

### PAYMENT INFORMATION

AMOUNT DUE: \$ \_\_\_\_\_

PAYMENT PERIOD:  MONTHLY  QUARTERLY  ANNUALLY

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVS Code: \_\_\_\_\_

CREDIT CARD TYPE:  VISA  MASTER CARD  DISCOVER  AMERICAN EXPRESS

By signing below, the card hold accepts to pay the fees stated above to the Islamic Association of Lewisville /Flower Mound

Signature: \_\_\_\_\_ Name On Card: \_\_\_\_\_ Date: \_\_\_\_\_

#### FORIALF USE ONLY:

CASH

CHECK      Check #: \_\_\_\_\_      Name of Bank: \_\_\_\_\_