



PLEDGE FORM

Personal Info (As it will appear on the donation tax receipt)

Full Name (or Company)			
Street Address		City	
Province		Postal Code	
Email		Phone	
Monthly Amount	\$	Starting	(mm/yyyy)____/____

Debit Pre-Authorization (Please attach a void cheque)

Transit Number	Institution Number	Account Number
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Name of Financial institution

Donor's Authorization to the KAMLOOPS ISLAMIC ASSOCIATION to Direct Debit an Account.

1. Please complete all sections in order to instruct your financial institution to make payments directly from your account.
2. Return the completed form to KAMLOOPS ISLAMIC ASSOCIATION via email at accounts@ayeshamosque.com
3. If you have any questions, please write to admin@ayeshamosque.com
4. The undersigned authorizes KAMLOOPS ISLAMIC ASSOCIATION to debit their account on the first of each month for the pre-authorized amount specified herein and reserves the right to modify or cancel the monthly donations at any time. I understand that I must notify KAMLOOPS ISLAMIC ASSOCIATION in writing of any such changes

Signature

Date