



SCARBOROUGH MUSLIM ASSOCIATION

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PLEDGE/DONATION FORM

Please donate generously. All donations are Tax Deductible.

Name: _____
(Last) (First) (Middle, if any)

Address: _____
(Apt No.) (Number and Name of Street) (City) (Province) (Postal Code)

Phone#: _____ E-Mail: _____
Home Phone Number Cell Phone Number

For the pleasure of Allah (SWT), I pledge/donate to Scarborough Muslim Association (SMA) for:

SMA SCHOOL Other: _____
(please cross the appropriate box from below)

\$1000 \$500 \$250 \$125 \$100 \$50 \$30 Other \$ _____

Select for the period (how long) from below:

One time only (Cheque/Debit/Credit Card/Cash) (Please make all cheques payable to: Scarborough Muslim Association)

OR

Monthly pre-authorized for One year Two years Three Years Other _____

by the following form of payments:

Post Dated Cheques Credit Card Bank Withdrawal (Please attach Void cheque or pre-authorized form)

Withdrawal date of every month: 10th _____

Bank Information:

Need to be filled only if void cheque has not been provided.

Bank Name: _____

Transit Number: _____

Account Number: _____

Account holder Name(s): _____

You are hereby requested and authorized to debit my account as mentioned above.

Account holder signature(s): _____

Credit Card Information:

Name as on Card: _____
(Full name as it appears on your credit card)

Cardholder Address: _____
(Apt No.) (Number and Name of Street)

(City) (Province) (Postal Code)

Credit Card #: _____ - _____ - _____

Expiry Date: _____ Visa Mastercard Amex

You are hereby requested and authorized to debit my credit card as mentioned above, payable to SMA.

Card holder Signature: _____

You are hereby requested and authorized to pay and debit my account all payments drawn on you on my behalf and made payable to the Scarborough Muslim Association and presented to you for payment. In consideration of your acting as aforesaid, it is agreed that your treatment of each payment and your rights shall be the same as if it were signed by me personally authorizing and requesting you to pay and credit such amount to the said account and failure to pay shall give rise to no liability on your part regardless of the forfeiture or damage. Any delivery of this authorization to you will constitute delivery by the undersigned. I understand that I may be able to extend or end this agreement at any time with written notice to Scarborough Muslim Association.

FOR OFFICE USE ONLY

Date: _____

Signature: _____

FID# _____