



MASJID-E FAROOQ-E AZAM MISSISSAUGA

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DONATION FORM

Name: _____ Date: _____

Address: _____

City: _____ Postal Code: _____ Work Phone: _____

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

ONE TIME DONATION	MONTHLY DONATION
Amount: \$ _____ Date: _____	Monthly Amount: \$ _____ Is this donation on-going?: YES / NO If NO, 1) Specify # of installments: _____ 2) Total Amount: \$ _____ Starting: <input type="checkbox"/> 1 st of _____ or <input type="checkbox"/> 15 th of _____ (month) (month)
DONATION FOR:	
PAYMENT METHOD	
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque (one-time) <input type="checkbox"/> Post-Dated Cheques	<input type="checkbox"/> Bank Auto-Withdrawal (Fill out Section A) <input type="checkbox"/> Credit Card (Fill out Section B)

Authorization

I hereby authorize Masjid Al Farooq to withdraw from my bank account/ credit card the amount, which I have indicated above. I also understand that I may end this agreement at any time with a written notice.

Section A: Banking Information

(Please fill in the following information or attach void cheque)

Bank Name: _____

Transit No: _____ Account no: _____

Signature: _____

Section B: Credit Card Information

Visa MasterCard

Credit Card #: _____ Expiry Date: _____

Signature: _____

ALL DONATIONS ARE TAX DEDUCTIBLE