

for office use only
FID # _____

Pre Authorized Payment Form

File # 000-SMA-021212-P

Personal Information

Name: _____
Address: _____
Home Phone: _____
Business Phone: _____
Cellular Phone: _____

Donation Selection

I hereby pledge to donate Scarborough Muslim Association (SMA):

(please cross the appropriate box)

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

by means of the following:

Monthly

- Post dated cheques submitted
 Enrol me in pre-authorized debit

(Please complete the pre-authorization form below or submit a void cheque with this form signed below)

Single Payment

- Cheque attached
 I will forward the cheque

Please make cheques payable to Scarborough Muslim Association

Withdrawal date of every month:

10th 15th 20th 25th 30th

End Date:

No end date _____

Monthly Pre-Authorization Form

I give permission to Scarborough Muslim Association to withdraw from my bank account the monthly pledge for Jame Abu Bakr Siddique that I have indicated above. I understand that I may be able to extend or end this agreement at any time with written notice to Scarborough Muslim Association.

Bank Information

Bank: _____ Transit: _____ Account Number: _____

Account holder Name(s): _____

Account holder signature(s): _____

Signature (as on the financial institution account/card)

Date

All donations are tax deductible