



As-Sadiq Islamic School DONATION FORM

Personal Information

Full Name

Address

City

Province/State

Country

Postal/Zip Code

Home Telephone

Business Telephone

E-Mail

Bank Information

(Please fill this section if donations will be automatically withdrawn from your bank account)

Name of Institution

Address

City

Province/State

Country

Postal/Zip Code

Phone Number

Account Number

Checking

Savings

VISA

Mastercard

American Express

Signature

Card Number

Expiry Date



As-Sadiq Islamic School DONATION FORM - Page 2

I _____, hereby authorize As-Sadiq Islamic School to debit my

Bank Account

Credit Card

Cheque Enclosed

as identified on the previous page, for the following term:

One-Time

Monthly

Other _____



Starting Month/Year

Day of Month

Month/Year of Expiry

for the following amount:

Amount

Source or Purpose Information If Applicable

Date (Day/Month/Year)

Signature

Signature #2 (If Joint Account)

Instructions:

1. Please fill both sides of form, and sign the bottom of this side.
2. If Bank Account withdrawal, please provide VOID cheque, and make sure bank information on the previous page is complete and accurate.
3. It may take as long as a month to process the automatic bank withdrawal method, so we suggest including the first month's cheque along with this form. Make cheque payable to As-Sadiq Islamic School.
4. If using Credit Card withdrawal, please sign both sides of this form, and make sure credit card information is correct on the previous page.
5. Mail completed forms to:

As-Sadiq Islamic School
9000 Bahturst Street,
Thorhill, Ontario, Canada L4J 8A7

Tel. 905-771-9917, Fax 905-771-9778, e-mail: assadiq_school@yahoo.com
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