

## As-Sadiq Islamic School DONATION FORM

## **Personal Information**

Full Name	
Address	
Address	
City	Province/State
Country	Postal/Zip Code
Home Telephone	Business Telephone
E-Mail	
Bank Information (Please fill this section if donations wi	ill be automatically withdrawn from your bank account)
	· · · · · · · · · · · · · · · · · · ·
Name of Institution	
Name of institution	
Address	
City	Province/State
Country	Postal/Zip Code
Phone Number	Account Number
Checking	Savings
	2492
VISA Mastercard American Express	Signature
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	V .
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 a	imount:
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 withrdawal, 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 L4I 8A7

Tel. 905-771-9917, Fax 905-771-9778, e-mail: assadiq\_school@yahoo.com Registration Number/BIN: 141034959RR0001