PLEDGE FORM

Brampton and Regional Islamic Centre (BARIC)

Please fill out the information below:

***First Name:** _____

***Last Name:** _____

***Tel:** _____

Address: _____

Apt #: _____ City: _____

Prov: _____ Postal Code: _____

Email: _____

* **Yes, I want to donate! Here is my ONE-TIME donation of:**

☐ $100 ☐ $250 ☐ $500

☐ $1000 ☐ Other $_____

* **Yes, Here is my MONTHLY Pledge:**

(I can change my donation or cancel at anytime with a written notice)

☐ $25 ☐ $50 ☐ $100 ☐ $150 ☐ $200 ☐ Other $_____

☐ Please withdraw my Pledge amount from my Bank A/C as given below:

Bank _____

Branch #_____ A/C_____

☐ (Please process my donation on my credit card)

Card # | | | | | | | | | | | | | | | |

☐ Visa

☐ MasterCard

MM/YY (Expiry Date)

_____ _____

* **Signature** Date

Direct Deposit to **BARIC**: TD Canada Trust, Branch NO: 11792, A/C NO:11795015797