



# PLEDGE FORM

Mr.       Mrs.       Ms.

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

UNIT / APT# \_\_\_\_\_

CITY \_\_\_\_\_

POSTAL CODE \_\_\_\_\_

TEL \_\_\_\_\_

CELL \_\_\_\_\_

EMAIL \_\_\_\_\_

ONE TIME PAYMENT

CASH       CHEQUE

\$100       \$250       \$500       \$1,000

OTHER AMOUNT \_\_\_\_\_

MONTHLY PAYMENT METHOD:

VOID CHEQUE ENCLOSED

STARTING FROM \_\_\_\_\_ TO \_\_\_\_\_

\$25       \$50       \$75       \$100

OTHER AMOUNT \_\_\_\_\_

I give permission to Meadowvale Islamic Center to withdraw from my bank account the monthly pledge fro Masjid indicated above. I also understand that I can extend or cancel this agreement at anytime with written notice.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_