



CONTRIBUTOR INFORMATION (YOUR COMPLETED PERSONAL INFORMATION IS KEPT CONFIDENTIAL)

Last Name _____, First Name _____

Address: _____ City _____

Province _____ Postal Code _____

Telephone Numbers: Home _ () _____ Cell: () _____

E-mail: _____

() I prefer that my contribution and/or my name is kept confidential.

DONATIONS

A one-time donation, in the amount of:

() \$10,000 () \$5,000 () \$1,000 () \$500 () \$100 () Other: _____

A recurring donation, as follows:

A sum of \$ _____ once every () Month () Quarter () Year, for a total of \$ _____

For a direct deposit from my following bank account (Please attach a void cheque)

Bank _____

Address: _____

Bank _____ Transit _____ Account No. _____

Please, return this completed form and your donation amount to:

ISLAMIC SOCIETY OF VAUGHAN, 47 - 9100 Jane Street, Vaughan, ON, L4K 0A4

