



## Islamic Social Services Association Inc.

200 – 72 Princess Street

Winnipeg, Manitoba R3B 1K2

Phone: 204-944-1560 Fax: 204-944-8712

E-mail: [info@issacanada.com](mailto:info@issacanada.com)

[www.issacanada.com](http://www.issacanada.com)

Mail pledge forms to the above address. Make cheques payable to “Islamic Social Services Association, Inc.”

**SECTION A: IDENTIFICATION** DATE: Month \_\_\_\_\_ Day \_\_\_\_\_ Year 20\_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

### SECTION B: PLEDGE INFORMATION

**Donation Type:** One time  I authorize a monthly donation to be taken from:  
Monthly   My bank account  My credit card

**Donation Payment Amount:**

\$10  \$25  \$50  \$75  \$100  Other \$ \_\_\_\_\_

**Monthly Donation Details:**

I pledge to make a monthly donation to Islamic Social Services Association Inc. in the amount detailed above beginning on:

Month \_\_\_\_\_ 15th, 20\_\_\_\_\_ For: 3 Months  6 Months  12 Months

**Total Donation:**

Confirm the TOTAL donation amount (one time or total of monthly installments) here: \$ \_\_\_\_\_

### SECTION C: BANK DRAFT AUTHORIZATION

(Complete this section ONLY if you wish your MONTHLY pledge to be automatically taken from your bank account)

Name of Financial Institution \_\_\_\_\_

Branch Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Account #: \_\_\_\_\_

Bank #: \_\_\_\_\_

Purpose of Transaction: Contribution

I hereby authorize Islamic Social Services Association, Inc. to initiate entries using (our banking institution) to my checking/savings account at the Financial Institution listed above and in accordance with the monthly contribution details listed above in Section B, and if necessary, initiate adjustments for any transactions processed in error. The authority will remain in effect until Islamic Social Services Inc is notified by me in writing to cancel it in such time as to afford Islamic Social Services Association and (our bank) a reasonable opportunity to act on it.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: A voided cheque MUST be included in order to properly authorize bank draft contributions.

### SECTION D: CREDIT CARD AUTHORIZATION

(Complete this section ONLY if you wish your pledge to be taken from your credit card account either one time or monthly)

Credit Card:  VISA  Mastercard

Card Number \_\_\_\_\_ Expiry (MM/YY) \_\_\_\_\_ CSC \_\_\_\_\_ Signature \_\_\_\_\_