

Personal Info (As it will appear on the donation tax receipt)

Full Name (or Company)			
Street Address		City	
Province		Postal Code	
Email		Phone	

Donations

1	One Time Amount	\$		
2	Monthly Amount	\$	Starting	(mm/yyyy)____/____

Interest Free Loan (Qard Hasan)

3	One Time Amount	\$	
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Ways of Payment

A	Bank Draft	Payable to "Kamloops Islamic Association". Memo: "Relocation Phase 1".
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B	eTransfer	Send to accounts@ayeshamosque.com
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C	Card Holder Name		Expiry: m m / y y	
	Credit card number	- -	-	CVV: <input type="text"/>

D	Debit Pre-Authorization (Recommended)		
	Transit Number	Institution Number	Account Number
	Name of Financial institution		

Donor's Authorization to the KAMLOOPS ISLAMIC ASSOCIATION to Direct Debit an Account.

- Please complete all sections in order to instruct your financial institution to make payments directly from your account.
- Return the completed form to KAMLOOPS ISLAMIC ASSOCIATION via email at accounts@ayeshamosque.com
- If you have any questions, please write to admin@ayeshamosque.com
- The undersigned authorizes KAMLOOPS ISLAMIC ASSOCIATION to debit their account each month for the pre-authorized amount specified herein and reserves the right to modify or cancel the monthly donations at any time. I understand that I must notify KAMLOOPS ISLAMIC ASSOCIATION in writing of any such changes

Signature	Date
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