



ISLAMIC SOCIETY OF VAUGHAN

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DONATION FORM

CONTRIBUTOR INFORMATION (YOUR COMPLETED PERSONAL INFORMATION IS KEPT CONFIDENTIAL)

Full Name:	
Email:	Phone:
Current Address:	
Postal Code:	Province:
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:

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