

Pre-Authorization Pledge/Donation Form

Donor Inform	mation				
Full Name / Corporate Legal Name:					
Street Address:					
City, Province, F	Postal Code:				_
Phone:		Email:			
Pre-Authoriz	ation Form				
□ \$100	□ \$80	\$50	□ \$20	□ \$10	Other
Frequency:	☐ One Time	☐ Monthly			
Banking Inf	ormation				
(Please attach a void cheque or fill in the bank info below)					
Bank A/C No					
Institution No					
Branch Code					
Bank Name					
and Address					
I authorized the Ontario Muslim Association (OMA) to withdraw the amount as mentioned above from my bank account on the 10th or 20th day of each month or the next business day.					
Donor's Signature:			D	ate:	