

MASJID PLEDGE REGISTRATION FORM

Complete the form below to pledge



ABU UBAYDAH ISLMAIC CENTER

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M3N 1H7 Canada
(416) 732 - 7505
www.abuubaydah.org
info@abuubaydah.org

TERM & CONDITIONS

- **PLEDGE ACCEPTANCE:** BY SIGNING AND SUBMITTING THIS PLEDGE FORM, YOU ACKNOWLEDGE YOUR COMMITMENT TO SUPPORT ABU UBAYDAH CENTER FINANCIALLY.
- **PLEDGE AMOUNT:** THE PLEDGED AMOUNT INDICATED ON THIS FORM IS THE TOTAL SUM YOU AGREE TO CONTRIBUTE TO THE CENTER.
- **REFUND POLICY:** PLEDGED CONTRIBUTIONS ARE NON-REFUNDABLE.
- **PLEDGE FULFILLMENT:** THE CENTER WILL USE ALL PLEDGED CONTRIBUTIONS FOR THE INTENDED PURPOSE OF SUSTAINING ITS OPERATIONS AND SERVICES.
- **TERMINATION OF PLEDGE:** YOU MAY TERMINATE YOUR PLEDGE AT ANY TIME BY NOTIFYING THE CENTER IN WRITING.

PERSONAL INFORMATION

PLEDGER'S FULL NAME : _____

ADDRESS : _____

PHONE NUMBER : _____ E-MAIL : _____

DONATION : ☐ \$50 ☐ \$100 ☐ \$150 ☐ \$300
☐ \$500 ☐ \$1000 ☐ \$3000 ☐ Other: _____

FREQUENCY OF PLEDGE : ☐ One-time ☐ Monthly ☐ Quarterly

The Center extends its heartfelt gratitude to each pledger for their generous commitment and support. Your contribution plays a vital role in sustaining the operations and services of Abu Ubaydah Islamic Center, and we sincerely appreciate your dedication to our community.

PAYMENT INFORMATION

☐ **E-TRANSFER:** aubaydah07@hotmail.com \$: _____

☐ **CHECK ENCLOSED #** : _____

☐ **CREDIT CARD** CC: _____ EXP: _____ CVV: _____

☐ **DIRECT DEPOSIT**
BANK NAME: _____
ACCOUNT NUMBER: _____
ROUTING NUMBER: _____

I _____ authorize Abu Ubaydah Islamic Center to withdraw the above indicated amount through the method stated. I understand that I may change or cancel this agreement at any time.

☐ **CASH ENCLOSED** \$: _____

IN CASE YOU WANT TO TRANSFER TO OUR ACCOUNT, HERE IS BANK INFORMATION:

- BANK NAME: ROYAL BANK OF CANADA RBC
- BENEFICIARY: ABU UBAYDAH ISLAMIC CENTER
- TRANSIT NUMBER: 05882
- INSTITUTION NUMBER: 003
- ACCOUNT NUMBER: 1016393

PLEDGER'S SIGNATURE