



AL-MEHDI AL-MUNTATHAR UNION

رابطة الإمام المهدي المنتظر

Registered Charity No. 13860 3097 RR0001



**FORM FOR NEW MONTHLY PRE-AUTHORIZED PAYMENT
DONATIONS TO THE
AL-MAHDI ISLAMIC COMMUNITY CENTRE**

NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

TEL (Home): _____ TEL (Work): _____

TEL (Cell): _____ E-MAIL ADDRESS: _____

I authorize the Al Mehdi Al Muntathar Union to withdraw the amount of \$_____ every month, beginning the month of _____

Bank: _____ Account Number: _____ Branch Number: _____

Please allocate the total monthly amount as follows:

- Monthly Operating Expenses \$_____
- Membership \$_____
- Total \$_____

Signature: _____ Date: _____

NOTE:

1. Please attach a void cheque with this form.
2. Your donation is tax deductible and you will receive a tax receipt annually.

JAZAKALLAH KHAYRAN