



Islam Care Centre

375 Somerset St. W Ottawa, Ontario K2P 0K1

info@islamcare.ca
islamcare.ca
(613) 232-0210



DONATION FORM

Last Name: _____

First Name: _____

Address: _____

City: _____ P/C: _____

Phone: _____

Email: _____

Option 1: Pre-Authorized Payment

Please deduct every month from my bank account the amount indicated:

\$30 \$50 \$100 \$150 \$_____

Please attach a void cheque for monthly deduction program. Your account will be debited on the **3rd** day of every month.

I hereby authorize Islam Care Centre to debit monthly the amount indicated above until such time as I give notice in writing to cancel or temporary stop.

Signature: _____

Date: _____

Option 2: Donation / Pledge

Please accept my donation / pledge for \$_____

My pledge will be paid over a period of _____ months at \$_____ per month

Donate with Credit Card Online!
www.islamcare.ca/donate

Our bank:
Canadian Imperial Bank of Commerce
84 Bank St., Ottawa, ON, Canada
Account #: 00186 / 3002233

Please be generous
May Allah (swt) Reward you!

Your donation is tax deductible
Reg.# 872 009 477 RR0001

Invite to the Way of Your Lord with Wisdom