

KHALID BIN WALID MOSQUE PROJECT

PLEDGE FORM

I am sending my monthly **PLEDGE** of:

\$ 100 \$ 80 \$ 30 Other \$ _____

Cash. Please complete Section A. **Post-dated Cheques.** Please complete Section A.

Direct Deposit. Please complete sections A and B below.

SECTION A: PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: () _____

SECTION B: BANKING INFORMATION (DIRECT DEPOSIT)

Starting with the 1st day of _____

I am giving my permission to **SISCA** (Khalid Bin Walid Mosque Project) to withdraw from my Bank Account the pledge I have indicated above.

I will also notify the payee in writing of any changes in the account information of this authorization prior to the net due date of the pre-authorized debit.

Bank Name: _____

Account Number: _____ Bank Transit Number: _____

Signature: _____ Date: _____

SOMALI ISLAMIC SOCIETY OF CANADA (SISCA)
16 Bethridge Rd., Etobicoke M9W 1N1
Tel: (416) 745-2888
Fax: (416) 745-9360

Khalid Bin Walid Mosque Project
Bank of Montreal
TRANSACTION Number: 24162
ACCOUNT Number: **1065-303(CAN)**
ACCOUNT Number: **4605-837 (US)**

Note: Tax Deductible receipt will be issued upon request.