QURAN HIFTH PROGRAM

LONDON Muslim MOSQUE

151 Oxford Street West
London, ON N6H 1S3
(519) 439-9451
quranhifth@londonmosque.ca

****Attach the VOID Cheque to this form**

Pre-Authorized Donation

I, (print name) _____ want to support the London Muslim Mosque's **Quran Hifth Program** through pre-authorized monthly donations.

Names of Students: 1 _____ 2 _____
3 _____ 4 _____
5 _____ 6 _____

Donation Amount: O $40 O $70 O $100 O $130 O Other _____

Please debit my bank account and. (Attach a VOID Cheque) **

Donation Receipt Name: _____ (who is paying)

Street: _____

City: _____ Postal Code: _____

E-mail: _____ Phone: _____

SIGNATURE _____ **DATE** _____

I may revoke my authorization at any time, subject to providing notice of 15 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution www.cdnpay.ca

I have certain recourse rights if any debit does not comply with this agreement. For example, I the signer above have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse, I may contact my financial institution or visit www.cdnpay.ca

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PLEASE ATTACH

VOID CHEQUE