



West End Islamic Center

4161 Sladeview Crescent, Units 12 - 13, Mississauga, ON, L5L 5R3

Tel: (905) 369-WEIC (9342) | Fax: (905) 369-9343

Website: weicenter.ca | Email: wei.center@hotmail.com

PLEDGE FORM

(for Electronic Funds Transfer - EFT)

Name: _____

Address: _____

Telephone Home: _____ Work: _____

Cell: _____ Email: _____

MONTHLY DONATION DETAILS

Monthly Donation Amount	Effective Period	Days of Withdrawal
[] \$30.00	Effective from _____ Until _____	1 st day of Month
[] \$50.00	Effective from _____ Until _____	1 st day of Month
[] \$100.00	Effective from _____ Until _____	1 st day of Month
[] \$200.00	Effective from _____ Until _____	1 st day of Month
[] \$500.00	Effective from _____ Until _____	1 st day of Month
[] \$1,000.00	Effective from _____ Until _____	1 st day of Month
[] Other \$ _____	Effective from _____ Until _____	1 st day of Month

Signature: _____

Name: _____

Date: _____

IMPORTANT:

Please attach a **VOID CHEQUE**
for Monthly Donation Pledge