



**THE ISLAMIC SOCIETY OF KINGSTON**  
P.O. BOX 2021, KINGSTON, ONTARIO K7L 5J8

**Contribution Towards Maintenance Cost for the  
Islamic Center of Kingston**

**Please select one of the following options:**

**1. Pre-Authorized monthly deduction option.**

I authorize the Islamic Society of Kingston to debit my account in the amount of \$\_\_\_\_\_ on the first day of each month starting on **01**/\_\_\_\_\_/\_\_\_\_\_. (DD/MM/YYYY)

If I decide to change the conditions of this authorization including increasing or decreasing the monthly amount or to put a stop on this authorization, I will notify the Treasurer of the Islamic Society of Kingston, one month in advance.

**Banking Information:**

Donor Name: \_\_\_\_\_

Donor Address: \_\_\_\_\_

\_\_\_\_\_

Name of Bank/Trust Company/Credit Union: \_\_\_\_\_

Branch Number and Address: \_\_\_\_\_

\_\_\_\_\_

Account Number: \_\_\_\_\_

I am enclosing a void cheque showing the above account number.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (DD/MM/YYYY)

**2. Post-dated cheques option:**

I hereby enclose \_\_\_\_\_ Post-dated cheques in the amount of \$\_\_\_\_\_ per month.

**3. Yearly Contribution Option:**

I hereby enclose a cheque in the amount of \$\_\_\_\_\_ dated \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YYYY)

to cover my contribution for the calendar year \_\_\_\_\_ (YYYY).

**4. Other Options. (Please specify).**

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