

AL-RASHID ISLAMIC INSTITUTE

College of Higher Islamic Education and Secondary School
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www.alrashid.ca - contact@alrashid.ca

MONTHLY PLEDGE FORM

'Help one another in righteousness and piety, but help not one another in sin and rancour.' (Al-Quran)

'O you who believe! Spend of what we have provided for you, before the day comes when no bargaining, nor friendship, nor intercession will avail.' (Al-Quran)

I hereby authorize and request Al-Rashid Islamic Institute and/or its bank to draw and issue cheques monthly as a donation to support the cause of Allah in the amount below:

Amount	Last name	First name
\$ _____	_____	_____
Address		
Street number	Street name	Apartment/Unit
_____	_____	_____
City	Province	Postal code
_____	_____	_____
Telephone number (_____)	E-mail address _____	

Type of Service: Personal (i.e. Charity - Donations)

Authorization to Honour Cheques Drawn By Al-Rashid Islamic Institute

Bank Information

Name of bank

Address

Street number	Street name	
_____	_____	_____
City	Province	Postal code
_____	_____	_____
Account number	Transit number	
_____	_____	

You are hereby requested and authorized to pay and debit my account all cheques drawn on you on my behalf and made payable to Al-Rashid Islamic Institute and presented to you for payment.

In consideration of your acting as aforesaid, it is agreed that your treatment of each cheque and your rights shall be the same as if it were signed by me personally authorizing and requesting you to pay and credit such amount to the said account and failure to pay shall give no rise to liability on your part regardless of the forfeiture or damage.

Any delivery of this request to the Bank will constitute delivery by me. **All donations are tax deductible.**

I may revoke my authorization at any time, subject to providing 30 days notice. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca

I have certain recourse rights if any debit does not comply with this agreement. For example, I 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 rights, I may contact my financial institution or visit www.cdnpay.ca

Date (MM/DD/YYYY)

Signature

Please enclose a voided cheque (A blank personal cheque with "void" written on it)