

PLEDGE FORM

Date (DD/MM/YYYY)



ALFALAH CALGARY ISLAMIC CENTRE (ACIC) | PO Box 54069,

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2640 52 St NE #139, Calgary, AB T1Y 3R6



Online Donation

Please note: All information needs to be filled-in order to receive an official tax receipt

Full Name: _____ PH: _____ - _____ - _____

Full Mailing Address: _____

Email: _____

Amount: \$ _____ Monthly One-Time

CASH DEBIT CHEQUE CREDIT E-TRANSFER

\$10,000 \$5,000 \$2,000 \$1,000 \$100 \$50 \$30

DONATION ZAKAT ZAKAT FITR MEMBERSHIP OTHER

E-Transfer: alfalahcalgary@gmail.com | Security Question : Donate to
Security Answer : acic

VISA Master Card American Express ALL FIELDS REQUIRED

Name as appeared on card: _____

Card Number: _____

Expiry Date (MM/YY) ____ / ____ CVC ____ Postal Code _____

Signed: _____

I have attached a VOID cheque

Transit: _____ Bank: _____ Account: _____

Bank Information

Name of Bank _____ Branch _____ Telephone Number _____
Street Address _____ City _____ Province _____ Postal Code _____

Signature: _____ (required)