



Darul Khair Center Stouffville

86 Ringwood Dr, Unit 36.
Stouffville, Ontario

Charity Reg. No: 81217 3201 RR0001

Web: www.darulkhair.ca

Email: Info@darulkhair.ca

Pledge Form for DKC / Center Operations

Yes, I would like to support Darul Khair Center Stouffville for:

MONTHLY OPERATIONAL EXPENSES

through my donation of \$30 \$50 \$100 or \$ _____ each month (Please check one)

The debit will be processed to your account on the 1st day of each month or the next business day. - - or - -

I would like to donate \$500 \$1000 \$1500 \$2000 or \$ _____ as a one-time contribution
(Please check one)

First Name

Initials

Last Name

House #

Street Name

Apartment #

City

Postal Code

Postal Code

Telephone No.

Cellphone No.

E-mail

Donation to be made by Cheque Void cheque for monthly deductions (Debit my Account)

Donation by Credit Card No: _____ Exp. Month _____ Year _____

Signature: _____

Date: _____

This donation is made on behalf of: _____ an Individual _____ a Business

I may revoke my authorization at any time, subject to providing notice of (30 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 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.

Tax Receipts will be mailed out at the end of the year. Contact: 416.292.1818 or 416.738.5934