



RAHMAH MOSQUE

In the Name of Allah Most Gracious Most Merciful

MAC ISLAMIC CENTRE

Last Name: _____ First Name: _____

Company Name (if any): _____

Mailing Address: _____

Phone: _____

E-mail: _____

\$ 1, 000 <input type="checkbox"/>	\$1000 + <input type="checkbox"/>	PAYMENT METHOD <input type="checkbox"/> CASH <input type="checkbox"/> CREDIT <input type="checkbox"/> CHEQUE
5 payments of \$200 <input type="checkbox"/>	10 payments of \$100 <input type="checkbox"/>	

Please make cheques payable to "Muslim Association of Canada"

Credit Card #: _____

Credit Card Type: Mastercard VISA AMEX

Credit Card Expiry Date: _____

Name As It Appears on Card: _____

Signature: _____

**All information is strictly confidential.*

Tax Deductible

**All donations are tax deductible. MAC is a registered charity that will provide you with a tax deductible receipt. Charitable # 880495163RR0001*

Choose One:

Your Name Here

In Memory Of

Please Include Date

NAME

YEAR OF BIRTH - YEAR OF DEATH