

LOTE TREE FOUNDATION DONATION FORM سِدْرَةَ الْمُنْتَهَى

“All of the actions (rewards) of the Children of Adam stop after death except three: A righteous child who supplicates for him, an ongoing Charity whose reward continues to reach him and Knowledge which others benefit from after him.”

“The most beloved of deeds according to Allah are the continuous ones, even if they are little.”

Please fill in this form and mail it to:

Lote Tree Foundation
2131 Williams Parkway, Unit #3
Brampton, ON
L6S 5Z4

First Name		Last Name	
Street Name/No.		Suite	
City		Province	Postal
Home Phone	Cell	E-mail	
One Time			
	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$4,000
	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$1,000
	<input type="checkbox"/> \$500	<input type="checkbox"/> \$250	<input type="checkbox"/> \$100
	Other: \$ _____		
Monthly EFT Donation Amount			
	<input type="checkbox"/> Yes I wish to help with \$1/day	<input type="checkbox"/> Yes I wish to help with \$100/month	
	<input type="checkbox"/> Yes I wish to help with \$50/month	<input type="checkbox"/> Yes I wish to help with \$ ____ /month	
<u>Please attach a VOID cheque</u>		3-Digit Bank #	5-Digit Transit #
		Account #	
I authorize the Lote Tree Foundation (MYCC) to process a debit, in paper, electronic or other form in the amount show above on my account on the 15 th day of each and every month, beginning _____ 15 th , 2007. I acknowledge that I have read and understood all the provisions contained in the terms and conditions of the pre-authorized payment authorization.			
Signature of Account Holder: _____		Date: _____	

All Donations are tax deductible. Lote Tree Foundation is a Project of Muslim Youth and Community Center (MYCC)
Make Cheques Payable to: Lote Tree Foundation - 2131 Williams Parkway, Unit #3a, Brampton, ON L6S 5Z4 Tel: **905-487-2098/416.845.6396**

ELECTRONIC FUNDS TRANSFER PRE-AUTHORIZATION

Terms and Conditions

I (we) authorize the payee to debit my (our) account as indicated on the attached 'Void' cheque under the terms and conditions agreed to by me (us) with the Payee until such time as written notice to the contrary is given.

I (we) acknowledge that delivery of my (our) authorization to the Payee constitutes delivery by me (us) to the branch of the financial institution at which I (we) maintain an account and that such financial institution is not required to verify that the payment(s) are drawn in accordance with this authorization.

I (we) may revoke this authorization at any time by delivering a written notice of revocation to the Payee.

I (we) will notify the Payee of any changes in the account information or termination of this authorization 15 days prior the next due date of the pre-authorization debit.

Items charged under any of the following conditions will be reimbursed subject to written notification by me (us) to the branch of account within 90 days.

- I (we) never provided authorization to the Payee
- The pre-authorization debit was not drawn in accordance with my (our) authorization
- My (our) authorization was revoked
- The debit was posted to the wrong account due to invalid/incorrect account information supplied by the Payee

I (we) warrant that all persons whose signature(s) are required to sign on this account have signed above on this Electronic Funds Transfer Pre-Authorization.

PLEASE RETAIN A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS