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Donor Information

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| NAME: | |
| PHONE: | |
| EMAIL: | |
| ADDRESS: | |

ONE TIME DONATION

AMOUNT \$ _____

METHOD OF PAYMENT

- CASH
 CHEQUE
 DEBIT / CREDIT

MONTHLY DONATION

AMOUNT \$ _____

- Continuous till further instruction
 _____ Months

METHOD OF PAYMENT

- BANK ACCOUNT (Attach VOID Cheque)
 CREDIT CARD



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CREDIT CARD NUMBER

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EXPIRY DATE mm/yyyy

SIGNATURE: _____

DATE: _____

Support the House of Allah for Continuous Sadaqa Jaria