

**SASKATOON MISBAH SCHOOL**  
**P.O. Box 21065**  
**Saskatoon, SK S7H 5N9, Canada**  
**Tel: (306) 384 9499 Fax: (306) 384 9493**

[WWW.MISBAH.SK.CA](http://WWW.MISBAH.SK.CA)

**PLEDGE FORM**

FIRST NAME:		LAST NAME:	
ADDRESS:		CITY:	
PROVINCE/ STATE:	COUNTRY:	POSTAL/ZIP CODE:	
PHONE:	EMAIL:		

**All donations are tax deductible. If you require a tax receipt, fill in complete address above.**

**DONATIONS BY CASH OR CHEQUE**

Single donation of      \$ \_\_\_\_\_

Monthly donation of      \$ \_\_\_\_\_      for \_\_\_\_\_ months = \$ \_\_\_\_\_ (total)

Please make cheque payable to: **Saskatoon Misbah School**

**DONATIONS BY DIRECT DEBIT ( MONTHLY AUTOMATIC BANK WITHDRAWAL )**

**Please attach a VOID cheque.**

Name of Bank: \_\_\_\_\_

I hereby authorize the Saskatoon Misbah School to withdraw from my bank account the following:

\$ \_\_\_\_\_ per month on the 1<sup>ST</sup> or \_\_\_\_\_ day of each month for \_\_\_\_\_ months = \$ \_\_\_\_\_

This authorization can be canceled with a written 3 month advance notice.

Saskatoon Misbah School  
CIBC, 3124-8<sup>th</sup> St.  
Saskatoon, SK S7H 0W2, Canada

**Signature** \_\_\_\_\_      **Date (YYYY-MM-DD)** \_\_\_\_\_