





Name:				
			Gaza Emergency Appeal	\$
Address:			Zakat	\$
City:				
	2		Sadaqah	\$
Province:	Postal Code:	_ /	Other/General	\$
Phone:	Email:			
			Total	\$
I would like to pledge \$ Per month	for months.	one-time donation of \$		
			Please make all cheques payable to: MUSLIM WELFARE CENTRE or donate by phone, or make a secure donation online at muslimwelfarecentre.com. Please return your completed pledge form to MWC by mail or by hand.	
			FOR INTERAC E-TRANSFER: DONATION@N	/WCANADA.ORG
Credit Card Information: Visa American Express Master Card Name on Card:			100 Mclevin Ave., Suites 4 & 4A, Scarborough, ON, Canada M1B 5K1 OFFICE: (416) 754-8116 FAX: (416) 754-4468 TOLL FREE: 1-866-754-3111	
Name on Card:			ALL DONATIONS ARE TAX DEDUCTIBLE (R	FGISTERED
Credit Card #:	Expiry Date:		CHARITY# 89733-1732-RR~ 0001)	EGISTERED
	. ,		muslimwelfarecentre.com	
Signature:	Date:		☑ info@mwcanada.org	