



AJYAL CENTRE PLEDGE/DIRECT DEBIT FORM

STEP 1	YOUR INFORMATION
<p>NAME: _____</p> <p style="text-align: center;">FIRST LAST</p> <p>ADDRESS: _____</p> <p style="text-align: center;">CITY PROVINCE POSTAL CODE</p> <p>CELL #: (____) _____ E-MAIL: _____</p>	

STEP 2	YOUR DONATION	<input type="checkbox"/> ONE-TIME <input type="checkbox"/> MONTHLY								
<p>▼ PLEASE SELECT ONE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input type="checkbox"/> \$30</td> <td style="text-align: center;"><input type="checkbox"/> \$50</td> <td style="text-align: center;"><input type="checkbox"/> \$70</td> <td style="text-align: center;"><input type="checkbox"/> \$100</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> \$200</td> <td style="text-align: center;"><input type="checkbox"/> \$500</td> <td style="text-align: center;"><input type="checkbox"/> \$1000</td> <td style="text-align: center;"><input type="checkbox"/> \$ _____</td> </tr> </table>			<input type="checkbox"/> \$30	<input type="checkbox"/> \$50	<input type="checkbox"/> \$70	<input type="checkbox"/> \$100	<input type="checkbox"/> \$200	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1000	<input type="checkbox"/> \$ _____
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STEP 3	METHOD OF PAYMENT																																																							
<p>▼ PLEASE SELECT ONE (✓)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">CHEQUE</td> <td style="padding: 5px;">Payable to Ajyal for Youth Development Society</td> </tr> <tr> <td style="padding: 5px;">BANK AUTO WITHDRAWL</td> <td style="padding: 5px;"> Please provide the following info or a VOID CHEQUE: BANK NAME: _____ ACCOUNT#: _____ BRANCH # _____ SIGNATURE _____ TODAY'S DATE _____ </td> </tr> <tr> <td style="padding: 5px;"> CREDIT CARD PLEASE SELECT ONE <input type="checkbox"/> <input type="checkbox"/> </td> <td style="padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> </tr> <tr> <td colspan="8" style="text-align: center;">CREDIT CARD NUMBER</td> </tr> <tr> <td style="border: 1px solid black; width: 25px; height: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 25px; height: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 25px; height: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 25px; height: 20px; text-align: center;">Y</td> <td colspan="4" style="border: 1px solid black;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> </tr> <tr> <td colspan="4" style="text-align: center;">EXPIRY DATE</td> <td colspan="4" style="text-align: center;">3 DIGIT CSC</td> </tr> <tr> <td colspan="8" style="padding: 5px;">SIGNATURE _____</td> </tr> <tr> <td colspan="8" style="padding: 5px;">TODAY'S DATE _____</td> </tr> </table> </td> </tr> </table> <p style="margin-top: 5px;">I authorize Ajyal for Youth Development Society and TD Bank to debit from my account for payment as indicated above.</p>		CHEQUE	Payable to Ajyal for Youth Development Society	BANK AUTO WITHDRAWL	Please provide the following info or a VOID CHEQUE : BANK NAME: _____ ACCOUNT#: _____ BRANCH # _____ SIGNATURE _____ TODAY'S DATE _____	CREDIT CARD PLEASE SELECT ONE <input type="checkbox"/> <input type="checkbox"/>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> </tr> <tr> <td colspan="8" style="text-align: center;">CREDIT CARD NUMBER</td> </tr> <tr> <td style="border: 1px solid black; width: 25px; height: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 25px; height: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 25px; height: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 25px; height: 20px; text-align: center;">Y</td> <td colspan="4" style="border: 1px solid black;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> </tr> <tr> <td colspan="4" style="text-align: center;">EXPIRY DATE</td> <td colspan="4" style="text-align: center;">3 DIGIT CSC</td> </tr> <tr> <td colspan="8" style="padding: 5px;">SIGNATURE _____</td> </tr> <tr> <td colspan="8" style="padding: 5px;">TODAY'S DATE _____</td> </tr> </table>									CREDIT CARD NUMBER								M	M	Y	Y						EXPIRY DATE				3 DIGIT CSC				SIGNATURE _____								TODAY'S DATE _____							
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To make any changes to your direct debit, please contact Ajyal at donate@ajyal.ca
 Ajyal for Youth Development Society donations are not tax deductible