

BAB UL HAWAIJ ISLAMIC CENTRE

Canadian Registered Charity 837820810 RR 0001

Transfer Service Operator – Class 2 (Restricted)

License Number – XX-1514

Burial Service - Pledge Registration Form

Name: _____ (First) _____ (Middle) _____ (Last)

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Next of Kin Name: _____ Phone: _____ Email: _____

Family Members Covered: _____ NOTE: _____

Name of Cemetery: _____

Pledge Amount: _____ Down Payment _____ Balance Amount: _____

One-time: Cash Cheque E-Transfer: Credit Card

Please make the cheque payable to **Bab Ul Hawaij Islamic Centre** **OR**

e-Transfer to: **funds@bhic.ca** and Password: **BHIC14**

Monthly: I pledge to contribute an amount on a monthly basis to facilitate smooth functioning of BHIC Burial Services.

\$100 \$200 \$300 \$400 Other: _____

Pledge effective as of: _____

Pre-Authorized Debit Details: Bank Name: _____

Transit #: _____ Bank #: _____ Account #: _____

Member Name: _____ Signature: _____ Date: _____

FOR OFFICE USE ONLY

Ref #: _____ Date Received: _____ Received by: _____

Pledge Record/Special Instructions/Notes: _____

Section: _____ Burial Right Certificate #: _____

Grave Allocation #: _____ Burial Date: _____

Name of Official: _____ Signature: _____ Date: _____