



Ontario Zoroastrian Community Foundation

This is our time

### Donor Information (please print)

Name ABC

Address XYZ

City, TORONTO

Phone 1 | Phone 2 (XXX) - XXX - XXXX - Cell : (XXX) - XXX - XXXX

Fax | Email xxxxxx@ozcfmail.com

### Pledge Information

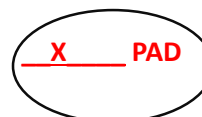
I (we) pledge a total of \$10,001.00 to be paid: ☐ now ☒ monthly ☐ quarterly ☐ yearly (over 1, 2, 3 years)

I (we) are donating to be a:

Description	Check Box √	Amount of Donation	One Time Donation	Paid Monthly Quarterly Yearly	Over # of Years	Annuity Start Date
Major Donor					1 / 2 / 3	
Rooms within the Atashkadeh					1 / 2 / 3	
Patrons of the Atashkadeh					1 / 2 / 3	
Diamond Donor					1 / 2 / 3	
Platinum Donor					1 / 2 / 3	
Gold Donor	√	\$10,001.00	√	Monthly (\$277.80)	1 / 2 / <u>3</u>	17/6/2016
Silver Donor					1 / 2 / 3	
Bronze Donor					1 / 2 / 3	
In Memory Donor					1 / 2 / 3	
Buy a Square Foot					1 / 2 / 3	
Buy a Fixture(s)					1 / 2 / 3	
Monthly Atashkadeh Building Fund Supporter					1 / 2 / 3	

I (we) plan to make this contribution in the form of:

☐ Cash ☐ Cheque ☐ Wire Transfer



☐ Credit Card

(cont.)



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### Acknowledgement Information

Please use the following name(s) in all acknowledgements: **IN MEMORY OF ABC XYZ**

☐ I (we) wish to have our gift remain anonymous.

XXXXXXX

XXXXXXXXXX

Signature(s)

Date

Please make cheques, corporate matches,  
or other gifts payable to:

Ontario Zoroastrian Community Foundation  
1187 Burnhamthorpe Road East, Oakville  
Ontario, L6H 7B3

(Self-addressed Envelope enclosed)

### How you can help

#### ATASHKADEH (AGIARY) FUNDRAISING DONOR PLAN OPTIONS

Sr #	Description	Donor Types	Price
1	Major Donor	Major Donor	\$1 Million plus
2	Rooms Within the Atashkadeh	Kebla Donor	\$500,000
3		Prayer Hall Donor	\$400,000
4		Masnagah Donor	\$300,000
5		Prayer room Donor	\$200,000
6		Bareshnumgah Donor	\$100,000
7		Nahn room Donor	\$50,000
8		Office Donor	\$50,000
9		Servery Donor	\$50,000
10	Patrons and Other Donors	Patrons of the Atashkadeh	\$100,001 plus
11		Diamond Donor	\$50,001 to \$100,000
12		Platinum Donor	\$25,001 to \$50,000
13		Gold Donor	\$10,001 to \$25,000
14		Silver Donor	\$5,001 to \$10,000
15		Bronze Donor	\$2,500 to \$5,000
16	Memory Lane	In Memory Donor	\$1,000 plus
17	Square Footage	Buy a Square Foot	\$500
18	Fixtures	Buy Fixtures	\$250 to \$999
19	Monthly Donations	Monthly Atashkadeh Building Fund Supporter	\$30 / \$75 / \$150



Habib Canadian Bank, 918 Dundas Street East, Suite 1 B, Mississauga, Ontario. L4Y 4H9

## PAYOR'S PAD AGREEMENT

Personal Pre-Authorized Debit Plan Authorization of the Payor to the Payee to Direct Debit an Account

### Instructions:

1. Please complete all sections in order to instruct your financial institution to make payments directly from your account.
2. Please sign the Terms and Conditions on the reverse of this document
3. Return the complete form with a blank cheque marked "VOID" to the Payee at the address noted below
4. If you have any questions, please write or call the Payee

### PAYOR INFORMATION (Please type or print clearly) (ACCOUNT TO DEBIT/PULL THE MONEY FROM)

Payor Name(s):	ABC
Address:	XYZ
Telephone:	(XXX) XXX XXXX - CELL : (XXX) XXX XXXX
Signature of Payor(s):	XXXXX
Dated:	June 17, 2016 Preferred Frequency date on or after: June 17, 2016

### PAYOR FINANCIAL INSTITUTION/BANKING INFORMATION (Please type or print clearly)

Branch Number	Institution	Account Number
Name of Financial Institution: ROYAL BANK OF CANADA		
Branch: ATASHKADEH ROAD BRANCH		
Branch Address: 1187 ATASHKADEH ROAD		
City / Province: MISSISSAUGA / ONTARIO		
Postal Code: L5Z 8P4		

### PAYEE INFORMATION (Please type or print clearly) (ACCOUNT TO CREDIT/DEPOSIT MONEY TO)

Payee Name(s):	Ontario Zoroastrian Community Foundation
Address:	1187, Burnhamthorpe Road East, Oakville, L6H 7B3
Telephone:	Cell:
Fax:	
Email:	treasurer@ozcf.com
Habib Canadian Bank, 918 Dundas Street East, Suite 1 B, Mississauga, Ontario. L4Y 4H9	
Institution:	321 Transit: 00012 Account No: 2184104722



**PAYMENT INFORMATION** (Please type or print clearly)

Please Specify whether the payment is a: (Please check one)	<input type="checkbox"/> Fixed Amount (Please specify) _____ <input type="checkbox"/> Variable Amount: If variable, please specify whether there is a maximum amount or indicate N/A if there is no maximum amount: _____
Occurring at: (Please check one)	<input type="checkbox"/> Set Intervals: Please specify the timing (e.g., weekly, bi-weekly, monthly) _____ Approximate date: _____ Sporadic intervals The Payor must describe the occurrence of an Event or other criteria that will trigger the debit of the account Mandatory description here: _____
Are top-ups or adjustments permissible: (Please check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No

I authorize HCB to debit my account with applicable charges associated with the above activity.

Signatures \_\_\_\_\_

Dated: \_\_\_\_\_

Name: \_\_\_\_\_ Ontario Zorastrian Community Foundation \_\_\_\_\_

HCB Account Number: \_\_\_\_\_ 3-1-1-20311-184-104722 \_\_\_\_\_

Copy of  
Void  
cheque  
attached

