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1.866.754.3111



MWC

Muslim
Welfare
Canada

A Division of Muslim Welfare Centre of Toronto

Serving
Humanity.
Since 1993



**MWC
Relief**

**MWC
Wellness**

**MWC
Homes**



Donate Now

**MWC
Food**

**MWC
Children**

**MWC
Faith**

Regent Park Meals • Free Medical Clinic • Malvern Eats •
All a Backpack • Muslim Welfare Residences • Food Bank
Arabic Meals on Wheels • Project Ramadan • Arctic Food
Bank • Senior Meals on Wheels • Muslim Welfare Home

Name: _____

Address: _____

City: _____

Province: _____ Postal Code: _____ / _____

Phone: _____ Email: _____

☐ I would like to pledge \$_____ Per month for ____ months. ☐ I would like to make a one-time donation of \$_____

Canada

- | | |
|--|-------------------------|
| <input type="checkbox"/> Long Term Care Facility | \$_____ |
| <input type="checkbox"/> Food Bank | \$_____ |
| <input type="checkbox"/> Arctic Food Bank - Inuvik/Iqaluit | \$_____ |
| <input type="checkbox"/> Regent Meals (Soup Kitchen) | \$6 x _____ = \$_____ |
| <input type="checkbox"/> Malvern Eats (Soup Kitchen) | \$4 x _____ = \$_____ |
| <input type="checkbox"/> Project Ramadan (Food Baskets) | \$70 x _____ = \$_____ |
| <input type="checkbox"/> Meals On Wheels | \$3 x _____ = \$_____ |
| <input type="checkbox"/> Seniors Meals On Wheels | \$8 x _____ = \$_____ |
| <input type="checkbox"/> Refugee Welcome Kit | \$500 x _____ = \$_____ |
| <input type="checkbox"/> Public School Nutrition | \$_____ |
| <input type="checkbox"/> Muslim Welfare Residences | \$_____ |
| <input type="checkbox"/> Muslim Welfare Homes | \$_____ |
| <input type="checkbox"/> Free Medical Clinic | \$_____ |
| <input type="checkbox"/> Mussalah Al-Abbas | \$_____ |

Overseas

- | | |
|--|----------------|
| <input type="checkbox"/> Water Well (\$1500 each) | \$_____ |
| <input type="checkbox"/> Hand Pump (\$500 each) | \$_____ |
| <input type="checkbox"/> Village Development | \$_____ |
| <input type="checkbox"/> Mother & Child Care | \$_____ |
| <input type="checkbox"/> Disaster Relief | \$_____ |
| <input type="checkbox"/> Support A Child (\$30/month) | \$_____ |
| <input type="checkbox"/> Support A DEAF Child (\$85/month) | \$_____ |
| <hr/> | |
| <input type="checkbox"/> Zakat | \$_____ |
| <input type="checkbox"/> Sadaqah | \$_____ |
| <input type="checkbox"/> Fitra \$10 | \$_____ |
| <input type="checkbox"/> Fidya \$10 | \$_____ |
| <input type="checkbox"/> Other/General | \$_____ |
| Total | \$_____ |

Credit Card Information: ☐ Visa ☐ American Express ☐ Master Card

Name on Card: _____

Credit Card #: _____ Expiry Date: _____

Signature: _____ Date: _____

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@MWCANADA.ORG

100 Mclewin Ave., Suites 4 & 4A, Scarborough, ON, Canada M1B 5K1 | OFFICE: (416) 754-8116 | FAX: (416) 754-4468 | TOLL FREE: 1-866-754-3111

ALL DONATIONS ARE TAX DEDUCTIBLE (REGISTERED CHARITY# 89733-1732-RR- 0001)