



Ontario Zoroastrian Community Foundation

# This is our time

## Donor Information (please print)

Name \_\_\_\_\_

Address \_\_\_\_\_

City, \_\_\_\_\_

Phone 1 | Phone 2 \_\_\_\_\_

Fax | Email \_\_\_\_\_

## Pledge Information

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

I (we) are donating to be a:

Description	Check Box v	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					1 / 2 / 3	
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    \_\_\_\_\_ PAD    \_\_\_\_\_ Credit Card

(cont.)



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### Acknowledgement Information

Please use the following name(s) in all acknowledgements: \_\_\_\_\_

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

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		Yasnagah 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
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



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## Credit Card Payment Information Sheet

Name \_\_\_\_\_

Address \_\_\_\_\_

City, \_\_\_\_\_

Phone 1 | Phone 2 \_\_\_\_\_

Fax | Email \_\_\_\_\_

Credit card type | Exp. date \_\_\_\_\_

Credit card number \_\_\_\_\_

Credit card 3 digit security code \_\_\_\_\_

Authorized signature & date \_\_\_\_\_

Description	Check Box v	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					1 / 2 / 3	
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	

form enclosed  form will be forwarded via Mail (Self Addressed Envelope Enclosed)

To: Ontario Zoroastrian Community Foundation  
 1187 Burnhamthorpe Road East, Oakville,  
 Ontario, L6H 7B3  
 Attention: Treasurer (OZCF - Re: POW)





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## This is our time

### 1. Wire Payment Instructions for Canadian dollars from within Canada and outside Canada

Pay through: Bank of Montreal, International Banking

Head office, Montreal

S.W.I.F.T. BIC Code: BOFMCAM2

Account with Institution: Habib Canadian Bank, Mississauga, Ontario

Account ID: 00021384605

Transit Code: 00022

Institution ID: 001

Swift Code: HBZUCATT

For Further Credit to: Mississauga Branch, Transit 00012

Beneficiary Customer: Customer Account Number\*: 3-1-1-20311-184-104722

**Name: Ontario Zoroastrian Community Foundation**

### 2. Wire Payment Instructions for US dollars from outside Canada

Pay through: Habib American Bank, 99 Madison Avenue,

New York, NY 10016

ABA: 026007362 SWIFT: HANYUS33

Account with Institution: Habib Canadian Bank, Mississauga, Ontario

Account No: 20709039

Swift Code: HBZUCATT

For Further Credit to: Mississauga Branch, Transit 00112

Beneficiary Customer: Customer Account Number\*: 3-1-1-20311-333-104722

**Name: Ontario Zoroastrian Community Foundation**





### 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):
Address:
Telephone:
Signature of Payor(s):
Dated: Preferred Frequency date on or after:

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

Branch Number	Institution	Account Number
Name of Financial Institution:		
Branch:		
Branch Address:		
City / Province:		
Postal Code:		

**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: <i>(Please check one)</i>	<input type="checkbox"/> Fixed Amount <i>(Please specify)</i> _____ <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: <i>(Please check one)</i>	<input type="checkbox"/> Set Intervals: Please specify the timing (i.e. 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: <i>(Please check one)</i>	<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 Zoroastrian Community Foundation \_\_\_

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

**Copy of Void cheque attached**