



Lambeth Masjid Pledge Form

Donor Information

First Name _____ Surname _____

Address

Phone Number _____ Email _____

Pledge Details

I pledge a fixed amount of £ _____ in support of the Masjid purchase.

I pledge a recurring amount of £ _____ per month/quarter/year (delete as required)

Additional Comments/Recommendations

Dated _____ (DD/MM/YYYY)

Signature _____