



Short Term Zakat Request Form

Name: _____

SSN: _____

Address: _____

(Driver's License / ID Number) DL/ID: _____

City: _____

State: _____ Zip: _____

Primary Phone: _____

Secondary Phone: _____

Email: _____

Age: _____ Gender: _____

Statement of Circumstance: (Describe reason for which Zakat aid is sought. State the reason you are in need, how much you need and how assistance for all or part of total from Zakat fund will meet your needs. Be specific.)

<p>(For Office Use Only)</p> <p>Reference #: _____</p> <p>Signatures: _____</p> <p>(Administrative Secretary)</p> <p>_____</p> <p>(MCCGP Treasurer)</p> <p>MCCGP Comments: _____</p>	<p>Approved: <input type="checkbox"/> Date Paid: ___ / ___ / ___</p> <p>Amount Paid: \$ _____</p> <p>Check #: _____</p> <p>_____</p> <p>Rejected: <input type="checkbox"/></p> <p>Reason for Rejection, if any: _____</p> <p>_____</p> <p>_____</p>
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