



Short Term Zakat Request Form

Name: _____

SSN: _____

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

Address: _____

City: _____

State: _____ Zip: _____

Primary Phone: _____

Secondary Phone: _____

Email: _____

Age: _____ Gender: _____

Reference name and phone number: _____

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 funds will meet your needs. Be specific.)

(For Office Use Only)

Reference #: _____

Signatures: _____

(Administrative Secretary)

(MCCGP Treasurer)

Approved: Date Paid: ___ / ___ / ___

Amount Paid: \$ _____

Check #: _____

Rejected:

Reason for Rejection, if any: _____

MCCGP Comments: _____