



Islamic Association of Mid Cities
 500 Cheek Sparger Road, Colleyville, TX 76034
 Office: (817)788-8820 Website: www.iamcenter.org
A Non Profit Religious 501(c)(3) Organization

IAMC Donation Form

Membership: _____

First Name: _____ Last Name: _____

Mailing Address: _____ TX _____

Phone: (H) _____ (C): _____ (O): _____

YES !! I would like to help!

\$10,000 \$5,000 \$1,000 \$500 \$100 \$50

(Unless specified the donation will be used for Masjid Operation)

Circle Donation: Cash Check: _____

DONATIONS: IAMC is non-profit organization and is dependent on donations. (tax deductible)

Masjid Operations	Sadaqah	IAMC School	Zakat	Fund Raising: _____
\$	\$	\$	\$	\$

Total Amount: \$ _____ Thank you !

(Tax receipt will be mailed)

Signature of the Applicant: _____ Date: ____/____/2011

OFFICIAL USE ONLY:

Amount Received: \$ _____ Date Received: ____/____/2011

Notes: _____

Received By: _____ Tax receipt mailed: ____/____/2011

Data Recorded By: _____ Date Recorded: ____/____/2011