

Islamic Education Center

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مرکز تعلیمات اسلامی

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Financial Contribution Form

Please Print

First:

M.I:

Last:

Street Address:

City:

State:

Zip:

Home Phone:

Please add my home phone to your call list

Cell Phone:

Please add my cell phone to your call list

Email:

Please add my email address to your contact list and send me information

I would like to make regular contributions of \$ _____ every month.

Credit Card # _____ Exp. Date: _____

Signature: _____

Date: / /

- 1- Your information is kept in very strict confidentiality and not shared with anyone.
- 2- Please return this form to the office or mail it to the address above.

Thank you and may Allah (SWT) reward you and your family.