

ORPHAN & WIDOW DONATION FORM

DONOR INFORMATION

 MR MRS MS

FIRST NAME: _____ LAST NAME: _____

EMAIL: _____

ADDRESS: _____

HOME PHONE: _____ MOBILE: _____

I WOULD LIKE TO CONTRIBUTE \$ _____ USD CAD

OR

I WOULD LIKE TO SPONSOR A FAMILY FOR:

 1 MONTH 2 MONTHS 3 MONTHS OTHER: _____

PAYMENT INFORMATION

 CHECK CHECK #: _____ DATE: _____ CREDIT CARD VISA MASTERCARD AMERICAN EXPRESS

CARD HOLDER'S NAME _____

CARD NUMBER _____

EXPIRY DATE _____

3 DIGIT SECURITY CODE _____

SIGNATURE _____

PLEASE SEND COMPLETE FORM WITH PAYMENT TO:

IMEC WIDOW & ORPHAN SUPPORT
25450 OLD HUNDRED RD
DICKERSON MD 20842IMAM MAHDI EDUCATION CENTER
25450 OLD HUNDRED RD. DICKERSON MD 20842-(301)874-1631
WWW.IMAMMAHDICENTER.COM, IMAMMAHDICENTER@YAHOO.COM