

## Al-Huda Islamic Center

P.O. Box 49429  
Athens, GA 30624

### CONTRIBUTOR INFORMATION (Your personal information is kept confidential)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home (\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### DONATIONS

#### A REPEATING DONATION, IN THE AMOUNT OF:

\$10  \$20  \$50  \$100  Other: \$ \_\_\_\_\_ every month.

Signature: \_\_\_\_\_

Please return completed donation form to:

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