

Islamic Center of the Quad Cities

6005 34th Avenue, Moline, IL 61265

Request for Zakat / Sadaqa Disbursement

Date: _____

I _____ have financial hardship and request ICQC to help me financially from Sadaqh/Zakat funds. I understand that I am responsible for any Tax consequences.

Address: _____

Tel: _____

Signature (Requester)

Judgment: I have verified that the above named individual has contacted me regarding financial hardship and from information provided to me I have judged that he/she qualifies for Zakat or Sadaqa receipt. I am requesting that an amount of \$_____ be given to the individual named above.

Signature

Bachir Djehiche, Ph.D.
Imam

Signature

Zafar Ali
Chairman of Board

Office use only:

Treasurer Verifications:

Date disbursed: _____ Check number: _____ Amount: \$ _____

Note1: A copy of your DL and a copy of all of you household social security no is required.

Note2: The treasurer will keep this form for the purpose of audit and will keep the record with other confidential financial documents.