



Name Of ALLAH, the Most Beneficial, the Most Merciful

Al-Aqsa Community Center

Islamic Community of Illinois d/b/a Al Aqsa Community Center
17940 S Bronk Rd, Plainfield, Illinois 60586 Phone (815) 230-0786
Website accplainfield.org Email: accplainfield@gmail.com

APPLICATION FOR ZAKAAT

PART I - To be filled-in by the recipient of Zakaat (or on his/her behalf)

Due to my present circumstances, I am requesting payment of zakaat under category # _____ as mentioned in the accompanying Table of Zakaat Recipients. *I understand the Shariah (law) of Islam for accepting Zakaat. Please explain your situation on separate page.*

Name of Recipient:	_____	↑↑	Social Security Number:	_____
	(First) (M.I.) (Last)	↑↑		
Address:	_____	↑↑	Driver's License Number:	_____
	_____	↑↑		_____
Explanation of Situation:	_____	-		_____
	_____	-		_____
	_____	-		_____
Phone Number:	_____	↑↑		_____
		↑↑	(Recipient's Signature)	

PART II - To be filled-in by person recommending the recipient of Zakaat

Due to his/her present circumstances, I recommend that Mr./Ms. _____ be assisted by payment of zakaat under category # _____ as mentioned in the accompanying Table¹ of Zakaat Recipients. *I understand the Shariah (law) of Islam for distributing Zakaat, and am making this recommendation on that basis to the best of my knowledge.*

Recommended By (Name):	_____	↑↑	Amount Requested (\$):	_____
	(First) (M.I.) (Last)	↑↑		
Address:	_____	↑↑	Needed for (purpose):	_____
	(Number) (Street) (Apt. #)	↑↑		_____
	_____	↓↓		
	(City) (State) (Zip)	↓↓		
Telephone Number:	_____	↓↓		_____
	(Area Code) (Number)	↓↓	(Recommender's Signature)	

←←←←←←←←←←←←←←←← (For Office Use Only) →→→→→→→→→→→→→→→→

Amount Recommended by the Zakaat Committee: \$ _____ by _____
(Amount) (Coordinator's Name)

(President's Signature) (Treasurer's Signature)

Amount Paid: \$ _____ by Check # _____ on _____
(Date)

Treasurer's Signature _____