



MASJID UMAR BIN KHATTAAB

(Islaamic Center of Mastic-Shirley)
503-William Floyd Parkway ♦ Shirley, NY 11967
Tax Exempt No. 11-3665178
(631) 772-5161

ZAKAT REQUEST FORM

First Name: _____ Last Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Telephone: () - _____ Email: _____

Social Security #: _____ Identification #: _____
(Photocopy Needed) **(Photocopy Needed)**

What is the size of your family? _____ What is your annual gross income? _____

How much monetary funds are you requesting from the Zakat Fund? _____

What do you intend to use the Zakat Funds for? _____

If MUBK is not in a position to disperse cash monetary funds, what would you request to receive from the Zakat Committee? (Tangible Products) _____

Important Note:

Islaamic Center of Mastic-Shirley aka MUBK has the right to decline/deny any Zakat Request Form based on the MUBK committee members' discretion. This is simply an application form that has to be submitted to the MUBK Office and a response to the following Phone/Address will be used for any correspondence. Please allow at least 2 weeks to get an official response from the MUBK Office.

Applicant Signature

Submission Date