

# Donation Collectors Details Form

MADRASSA ARABIA ISLAMIA 425 PAISLEY RAOD WEST, GLASGOW,G51 1PZ.TEL:01414272152

DAY & DATE OF COLLECTION: \_\_\_\_\_

YOUR FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ POST CODE \_\_\_\_\_

TEL. /MOBILE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PASSPORT/I.D. NO. \_\_\_\_\_ PLACE OF ISSUE \_\_\_\_\_ ISSUE DATE: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

NAME OF MADRASSA / MASJID / CHARITY: \_\_\_\_\_

CHARITY / MASJID / MADRASSA REGISTRATION NO. \_\_\_\_\_

NAME OF BANK WITH ADDRESS: \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_ SORT CODE: \_\_\_\_\_

YOUR STATUS / DUTY IN THE ORGANISATION / MASJID / MADRASSA: \_\_\_\_\_

HISTORY: \_\_\_\_\_ NO. OF STAFF: \_\_\_\_\_ NO. OF STUDENTS /PUPILS: \_\_\_\_\_

OBJECTIVES & AIMS: \_\_\_\_\_

CREDITABILTY / AUTHENTICITY/ REPUTATION: \_\_\_\_\_

PROGRESS & ACHIEVMENTS: \_\_\_\_\_

TYPE OF EDUCATION: \_\_\_\_\_

WHAT PERCENTAGE YOU GET FROM THE DONATION? \_\_\_\_\_

PROVIDE YOUR TWO REFERENCES: NAME, ADDRESSES, AND PHONE NO. /MOBILE: \_\_\_\_\_

1. NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ POST CODE: \_\_\_\_\_

PHONE/MOBILE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

2. NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ POST CODE: \_\_\_\_\_

PHONE/MOBILE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME WHO COMPLETED THE FORM: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE PRUDUCE THE OFFICIAL RECEIPT OF THE DONATION ISSUED BY THE REGISTERED CHARITY & SIGNED BY OFFICE BEARER. REMEMBER YOU CAN CHEAT ANYONE AND ANYTHING BUT NOT YOU'RE CREATOR ALLAH SWTA, THE OBSERVER AND KNOWER OF EVERYTHING AT ALL TIMES.