

A Little Goes A Long Way

Support us and benefit others! Help us provide free education through courses, lectures, publications and other activities that depict Islam in discussion, behaviour and spirit.

Our friendly programmes and harmonious events include social gatherings in celebration of Islamic events, dissemination of books and magazines to build Islamic awareness, and assistance for the community through counselling, financial aids, and other welfare services.

ZAKAT / DONATION FORM

FULL NAME : _____
RESIDENTIAL ADDRESS : _____
 : _____ Singapore (_____)
CONTACT : _____ (Home) _____ (Mobile)
EMAIL ADDRESS : _____
NRIC / FIN : _____

ZAKAT		DONATION	
Enclosed herewith is my Zakat contribution for this year:		I wish to donate	S\$ _____
1. Muallaf (Converts)	S\$ _____	FIDYAH	I wish to pay my Fidyah S\$ _____
Fisabilillah	S\$ _____		
Amil	S\$ _____		
Fakir & Miskin	S\$ _____		
Gharimin, Ibnussabil & Riqab	S\$ _____		
Total	S\$ _____		
2. For all Asnaf, as per Darul Arqam Singapore's disbursement			

May Allah (SWT) reward you for your contribution, shower His blessings upon your remaining possessions, and purify wealth. Āmīn.

Please offer your *Niat* (intention) before posting this form.

*Payment is to be made by cheque to "The Muslim Converts' Association of Singapore".
Please do not enclose cash.*

I represent to, warrant and undertake with the Muslim Converts' Association of Singapore that collective consents have been obtained allowing the Muslim Converts' Association of Singapore to collect, use, process and disclose the personal data in accordance with the terms and conditions as stated in the Muslim Converts' Association of Singapore Personal Data Protection Policy available on our website (<http://www.mcas.sg/corporate/pdpa/>).

Personal Data collected is automatically added to our mailing list. Please tick if you:

Do not wish to receive communications relating to services, events, promotions or newsletters via electronic mail, mobile phone text messages and/or mailers by MCAS or 3rd party vendors authorized by MCAS.

THANK YOU.

FOR OFFICIAL USE

Receipt No : _____ Date : _____
 Received By : _____ Signature : _____