



MASJID AL-NUR
Islamic Center of Olympia

Islamic Center of Olympia
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In the name of Allah, Most Gracious, Most merciful

Masjid Al-Nur Fundraising Request Form

Please fill out this form, hand over to any board member or scan/email to info@islamiccenterofolympia.org along with supporting documents for your fundraising request.

Application Date: ____/____/____ Fundraising Request Date: ____/____/____

Organization Name: _____

Tax Id/EIN: _____

Address: _____

State: _____ Zip _____

Telephone/Cell: _____

Email: _____ Website: _____

About your organization:

Reason for the fundraising:

Guest Speaker (If any):

About the Speaker:

Organization point of contact: _____ Phone: _____

In case of providing false information or violation of any fundraising policy or procedure, approval granted under this application will be terminated immediately, at the sole discretion of Masjid Al Nur board.

I understand that fundraising is for non-profit organization that has legal status in US. My Organization will inform Masjid Al Nur of the total amount fundraised during the event. Masjid Al Nur has right to deny any application without giving any explanation or reason. Masjid Al Nur has the right to stop or cancel the event if it violates policy or agreement.

Name of the organization representative

Signature