

# FAIZ IL MAWAID UL BURHANIYAH

## REGISTRATION FORM

### PERSONAL INFORMATION

last name:

First:

Middle:

Email  
Address:

Street address:

Phone no.:

(     )

P.O. box:

City:

State:

ZIP Code:

### FAIZ MAWAID BURHANIYAH DONATION

Donation Amount:

/ Per month.