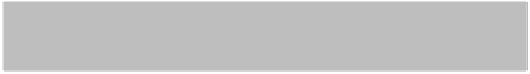
**Islamic Center of Mill Valley**

62 Shell Road

Mill Valley California 94941



**Donation Collection Form**

415-342-9481

[Info@mvmasjid.com](mailto:Info@mvmasjid.com)

[www.mvmasjid.com](http://www.mvmasjid.com/)

**This form will need to be completed, submitted, and approved before any party is allowed to solicit any donations at Islamic Center of Mill Valley (ICMV)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of Application | / / | Approved | Yes / No | Date: | / / |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **We require the following documents:**  The latest and most up to date financial accounts & annual report including the last 3 months’ bank statements.   * Religious and charity nonprofit tax exemption certificate / charity registration number. * References from renowned persons in your country and in the US * Activity reports, project reports, photographs, video, etc. * Authorization letter by your organization for you to receive donation. * Your personal identification (passport or photo driving license). * Hotel accommodation and flight itinerary. | | | | | | | | | | | | | | | | | |
| ***If you cannot provide any of the above documents, please do not take the trouble of completing the rest of the form, as it will not be considered under any circumstances.*** | | | | | | | | | | | | | | | | | |
| ***Have you ever made an application for Collection at ICMV before?* Yes / No** | | | | | | | | | | **Date** | | | / / | | | | |
| **Name Of the Organization** | | | |  | | | | | | | | | | | | | |
| **Religious and charity registration**  **tax exemption certificate number** | | | |  | | | | **Country of Registration:** | | | | | |  | | | |
| **Organization Contact Person** | | | |  | | | | | | | | | | | | | |
| **Full Address** | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Telephone Land Line** | | |  | | | | **Mobile** | | |  | | | |
|  | **Educational** |  | | **Orphanage** | | |  | **Welfare and poverty relief** | | | | | |  | | **Hospital** |  |
|  | **Children’s Home** |  | | **Mosque (Construction / Maintenance)** | | | | | | | | | |  | | | |
|  | **Other (specify)** |  | | | | | | | | | | | | | | | |
| **Aims & Objectives:** | | | | | | | | | | | | | | | | | |
| **Name of Trustee in Organization** | | | | **Position** | | | | | **Contact No** | | | | | | | | |
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| **Annual Account Attached - Yes** / **No** | | | | | **Report Attached - Yes / No** | | | | **Is there boarding Facility - Yes** / No | | | | | | | | |
| **How Many Students:** | | | **Boys (enter number)** | | |  | | | **Girls (enter number)** | | | | | | |  | |
| **Number of children boarding** | | | **Boys (enter number)** | | |  | | | **Girls (enter number)** | | | | | | |  | |
| **Approximate yearly cost of running expenses: (Excluding construction and renovation costs): (As per your Audited Accounts)** | | | | | | | | | **Currency** | | | **Amount** | | | | | |
| **Did your Organization Collect donation in this Masjid (ICMV) before? Yes / No** | | | | | | | | | **Last Collected Date** | | | | | | / / | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **What will the donation be used for?** | | | | | | | | | | | | |
| **Collectors Details** | **Name** |  | | | | | | | | **Mobile** | |  |
| **Position** |  | | | | | | | | | | |
| **Address / Telephone No** |  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| **Date Arrived in US** | | | / / | | | | | **Date Leaving US** | | / / | |
| **How is the collector Paid** | **Salary** |  | **Commission** | | |  | **Other (Please specify)** | | | |  | |
| **References**  **Please give two names and contact numbers of persons in the US or Country you came from that can be contacted by us.** | **Name** |  | | | | | | | | | | |
| **Address / Telephone No** |  | | | | | | | | | | |
|  | | | | | | | | | | |
| **Name** |  | | | | | | | | | | |
| **Address / Telephone No** |  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | **Name** |  | | | | | | | | | | |
| **Address / Telephone No** |  | | | | | | | | | | |
|  | | | | | | | | | | |
| **Name** |  | | | | | | | | | | |
| **Address / Telephone No** |  | | | | | | | | | | |
|  | | | | | | | | | | |
| **Copy of Passport: Yes** / **No** | **Proof of Address: Yes** / **No** | | | | | | | **Passport No** | | | | |
| **Declaration:** | | | | | | | | | | | | |
| * I declare that the above information is true and correct to the best of my knowledge and belief. I also declare that our organization does not promote or engage in any terrorist activities. If donation is approved, I promise to send activity and progress reports, accounts, and any relevant information regularly to the Islamic Center of Mill Valley Trust. I understand that representatives of ICMV can and will visit our organization without any notice. * I understand that if ICMV discovers that our organization promotes or engages in terrorist activities, they will immediately inform authorities in US or my home country. Also, if they discover that I or the organization is collecting funds fraudulently, then ICMV will inform authorities in the US and in my home country and expose my fraudulent activities among   other Muslim organizations in the US and in my country. | | | | | | | | | | | | |
| **Signed** | | | | | **Name in Full** | | | | | | | |
| **........................................................................................................** | | | | | **........................................................................................................** | | | | | | | |
| **Importance Notice:** | | | | | | | | | | | | |
| Please note that your application will not be considered if any of the above information is not fully completed or if any supporting documents are not provided. Your application may take up to 7 working days for it to be processed or such time which is reasonable to complete the vetting process. If and when this application is vetted by ICMV, we will contact and inform you of the following:  **Rejection of application (it is our policy not to give reason(s) for any rejected applications)** | | | | | | | | | | | | |