CIC PARTCIPANT INFORMATION

Name   _____

Address   _____

City_____   Zip_____

Phone #   _____ (Home/Work/Cell)

e-mail   _____

Please check the box you are interested in:

☐ *Fundraising Committee volunteering*   ☐ *Youth Committe*

☐ *Breakfast volunteering*   ☐ *Sisters Committee*

☐ *Check-o-matic monthly pledge*

☐ *Clean-up volunteering*

Suggestions/Comment_____
_____
_____

DONATION PLEDGE FOR CIC

Canton Islamic Center
46510 N. Canton Center Road Ste. 218
Canton, MI 48187.

A 501 c(3) Non-Profit Organization
Tax ID: 26-4231512

Yes, I would like to contribute to CIC   Date_____

Name_____   e-mail_____

Address_____   Phone_____

_____

<u>One time/Recurring Donation</u>   ☐ Google Check

Please accept my donation in the amount of $_____   ☐ Check

Please make checks payable to Canton Islamic Center