

Donation Form

Your name: _____
(Please include spouse name, if married)

Address: _____ Phone: _____

Number of graves donated: _____ times \$550.00 = \$ _____

Please select the method of payment: Full Payment is enclosed: _____ One year plan: _____ Two years plan: _____

First payment of \$ _____ is enclosed. I shall be making monthly payments in the amount of \$ _____.

Please make your check payable to: Valley of Peace Cemetery

Mailing address: Valley of Peace Cemetery, P.O. BOX: 88251, Carol Stream, IL 60188

Cut along the line

Donation Form

Retain for your record

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Your contact at:

<u>IEC Husaini</u>	<u>MASOM</u>	<u>Bait ul-Ilm</u>	<u>Ahl ul-Bayt Islamic Center</u>
Br. Shabbir Lakhani	Br. Mukhtar Hussain	Br. Syed Yaqoot	Br. Sa'ad Waheed
(630) 660-1980	(847) 679-7958	(847) 490-1387	(630) 709-5594

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