



المرحمة Al-Marhamah Islamic Services

MAS Boston – 10 Garfield Avenue, Somerville, MA 02145

Donation and Purchase Form

PERSONAL INFO

Name: _____

Address: _____

City: _____ State: _____ Zip-Code: _____

Home Phone #: _____ Cell Phone#: _____

E-mail: _____

GRAVE & PAYMENT INFO

Price per grave: \$2,200

Number of Graves Needed: _____

I just want to get the rewards by donating to this project

Donation Amount: \$ _____

Total Cost: \$ _____

Please contact me regarding allocating part of my Will to the MAS-ISBCC project

Deposit Paid (20% Minimum): \$ _____

Remaining Balance: \$ _____

To be paid as follows:

Monthly Amount: \$ _____ Number of Months: _____

Payment Method: Cash Check Credit Card

Please use my enclosed check information for monthly automatic withdrawal

PAYMENT METHOD

Cash

Check

Credit Card

Visa

MasterCard

Amex

Discover

Card#: _____ Exp Date: ____ - ____

(Please make all checks payable to: MAS Al-Marhamah)

Signature: _____

Date: _____