



SRI LANKA MUSLIM ASSOCIATION OF CALIFORNIA

JANAZA FUND PROGRAM - DONATION FORM

MEMBER NUMBER:

TELEPHONE:

Office Use Only

PRIMARY MEMBER'S NAME:

(Last Name)

(Initial)

(First Name)

MAILING ADDRESS:

(Street Number)

(Apt)

(City)

(State / Zip)

Primary - Social Security #

Primary -email address

SPOUSE'S NAME:

(Last Name)

(Initial)

(First Name)

MAILING ADDRESS:

(Required if different from above)

(Street Number)

(Apt)

(City)

(State / Zip)

Spouse - Social Security #

Spouse -email address

CHILDRENS INFORMATION (Applies to unmarried child under 21, living full-time and fully dependent on parents. Exceptions may apply)

Date of Birth Month/Day/Year	Social Security #	(Last Name)	(Initial)	(First Name)
/ /	- -			
/ /	- -			
/ /	- -			
/ /	- -			
/ /	- -			
/ /	- -			

Donation Options	Total
Primary	
\$25.00	
Spouse	
\$18.00	
Each child under age 21	
\$8.00	

Total Monthly Donation:

In the event of a death of either the Primary, Spouse or Children mentioned above, SLMAC Janaza Fund Program reserves the right to pay for the burial expenses per it's guidelines. In order to be eligible for full benefits (as interpreted by SLMAC) at time of death, the donor(s) must and have completed the initial 60 month wait period with no donation lapse to the program, if not, partial benefits may be paid per SLMAC partial benefit schedule. NO EXCEPTIONS. SLMAC reserves the right to modify or change the benefits of this program if unanimously agreed upon by its governing body as it sees fit to ensure the health of the program at anytime.

Trustee or Authorized Representative In the event of Death

PAYMENT PLAN

Based on the above selections your payments are : (Please select your payment plan options)

Monthly

Annual

Quarterly

2 year Pay

Specify payments thereafter

ACKNOWLEDGEMENT: I individually, my spouse (if included) and family (if included) are voluntarily joining this Janaza Fund Program so that it may/may not ease the financial burden on my/our family in the event of a death to one/all of us mentioned above. In the event I/we do not comply to all of the requirements of the SLMAC Janaza Fund Program, I/we forgo any and all benefits that we may/may not have received from the Janaza Fund Program, and all donations paid to date to be considered a donation towards the fund with NO REFUND.

Date:

Signature of Primary Member

JANAZA COMMITTEE ACCEPTANCE SIGNATURE & DATE STAMP

In the event of a death of a member please contact SLMAC who shall immediately guide you through the burial proceedings and advise what actions need to be taken by the immediate family members.