

Student's Full Name: _____
 Student's Mailing Address: _____
 Parent's Full Name: _____
 Email address: _____ Phone Number: _____ Age: _____ Gender: M/F
 My goal is to memorize (number) _____ (circle one): ayat/surah with correct Tajweed
 I successfully memorized (number) _____ (circle one): ayat/surah with correct Tajweed*
 International participants: Name of Islamic organization who received sadaqah: _____



Name of Sponsor	\$___ per ayat/surah	Other Amount	Email Address	Phone Number	Signature	Date	Check when pledge is received

***TO BE COMPLETED AFTER 20TH DAY OF RAMADAN, AT WHICH TIME YOU MAY COLLECT YOUR PLEDGES AND MAKE YOUR SADAQAH.**

I, (Insert Examiner's Full Name) _____ certify that (Insert Student's Full Name): _____ recited _____ number of (circle one) **ayats / surah**. Of those recited, (Insert



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Parent's Full Name: _____

Email address: _____ Phone Number: _____ Age: _____ Gender: M/F

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I successfully memorized (number) _____ (circle one): ayat/surah with correct Tajweed*

International participants: Name of Islamic organization who received sadaqah: _____

Student's Full Name): _____ successfully recited _____ number of (circle one) **ayats / surah**
with correct tajweed.



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