AL JAMIYATUL OSMANIA MADRASA

MONTHLY DONATION RECEIPT

Receipt No.: _____	**Date:** ____ / ____ / _____

Donor Name	
Mobile Number	
Donation Month	Month: _____ Year: _____
Donation Amount	BDT ■ _____ Amount in words: _____
Purpose / Expense Category	■ Madrasa Education ■ Teachers/Staff ■ Food ■ Maintenance
	Other: _____ _____

Received with thanks. We sincerely appreciate your support for the welfare and educational activities of the madrasa.

_____ Donor Signature

Name: _____

_____ Authorized Signature

Name & Designation: _____

Madrasa Seal (if applicable)

Please complete all relevant fields and retain a copy for the madrasa's records.