

# Islamic Society of Tracy

انجمن اسلامی ترسی



(Imam Bukhari Masjid) مسجد امام بخاری (رح)  
350 N Corral Hollow Road, Tracy, CA 95376  
(A Non Profit Organization) Tel.: (209) 855-3917

## Qhardh- al- Hasan (Benevolent Loan) Agreement

Date: \_\_\_\_\_

I/ We \_\_\_\_\_ am/are volunteered for the pleasure of Allah (SWT) to give \$ \_\_\_\_\_ as an interest-free loan under a \_\_\_\_\_ year term towards the principal loan of ISOT (Imam Bukhari Masjid) and will not ask for payment until the end of the above term. This is a charitable act and there are no conditions or strings attached to it. As this is a charitable act, I do not expect any favor of any kinds. I hold harmless ISOT and its representatives from any harms resulting from any unpredictable conditions.

Mailing Address: \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_ Apt # \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Signature: \_\_\_\_\_

### Beneficiary Information:

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address: \_\_\_\_\_

### ISOT Representatives:

We the ISOT representatives hereby declare that ISOT owes the amount of \$...../.....dollars, borrowed on...../...../2012, as a Loan to pay-off the ISOT Bank Loan. This loan shall to be paid back to the lender in full by...../...../201.....

Name: \_\_\_\_\_ Name \_\_\_\_\_  
Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

اینجانب ..... جهت کسب رضای الهی از طرح "رهایی مسجد  
مبارک امام بخاری (رح) از قرض سود دار بانکی" استقبال دوطلبانه نموده و مبلغ  
..... دالر را برای مدت ..... سال با آگاهی کامل از  
تفصیلات مندرج فورم فوق الذکر بطور قرض الحسنه تادیه مینمایم، و تعهد مینمایم که تا  
آخر مدت مذکور قرض خود را مطالبه نکنم، چون این امر خیرخواهانه میباشد من هیچگونه توقع  
اضافی نداشته و در صورت بروز هرگونه شرایط غیرپیشبینی شده، این مرکز و کارمندان آن را  
از هرگونه مسؤلیت آزاد میدانم.  
این نوت در سه کاپی تهیه که یک کاپی به قرض هنده، یک کاپی به کتاب قرض الحسنه، و یک  
کاپی بدفتر مالی مرکز حفظ میگردد

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## Payback Schedule and Extension if Granted.

Date of Extension or Payment	Loan Amount	Payment Made	Remaining Loan Amount	Lender's Signature	ISOT Rep. Signature	ISOT Rep. Signature

I certify that I have received the full amount of \$\_\_\_\_\_ the ISOT owed me.

Signature\_\_\_\_\_ Date:\_\_\_\_\_

I would like to donate \$\_\_\_\_\_ the ISOT owed me.

Signature\_\_\_\_\_ Date:\_\_\_\_\_