

Feedback / Suggestion Form



Muslim Association of Taranaki

Date: _____

My Feedback / Suggestion: _____

My Feedback / Suggestion will benefit/improve: _____

Name (Optional): _____

Contact Number: _____

Email Address: _____

Would you like us to contact you for the above feedback / suggestion? **Yes/No**

Jazak Allahu Khair

Muslim Association of Taranaki Committee

Feedback Form 2019 Rev 2

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