

# PROJECT CHODOSH DONATION FORM

Yes, I would like to make a donation to Project Chodosh for all of your hard work.

Please accept my donation for \$\_\_\_\_\_.

**Name:** \_\_\_\_\_  
(Title) (First Name) (Middle) (Family Name) (Suffix)

**Address:** \_\_\_\_\_  
(Number) (Street Name) (Apartment #)

\_\_\_\_\_  
(City) (State/Province) (Zip Code) (Country)

**Phone Number:** \_\_\_\_\_

## PAYMENT Please Select an Option:

**Check (Enclosed)**

Payable to: "Project Chodosh"  
Please fill out this Form entirely,  
and mail it with your Check to:

**Project Chodosh,  
c/o Mrs. C. Rosskamm,  
963 Armstrong Ave,  
Staten Island, NY 10308**

For security reasons:  
NEVER e-mail private information (such  
as credit card numbers) over a normal,  
unsecured e-mail connection.

(This form was supplied by The Yoshon  
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with or endorsed by Rabbi Y. Herman  
or Project Chodosh.)

**CREDIT CARD (Faxed)**

MasterCard  Visa  Discover

Credit card number:

□□□□ - □□□□ - □□□□

Expires: (MM) □□ / (YY) □□ CVC □□□□

American Express credit card number:

□□□□ - □□□□□□ - □□□□□□

Expires: (MM) □□ / (YY) □□ CVC □□□□

**Exact Name** on Card:

For Credit Card donations, Please Fax this Form to:  
**1-888-755-7590** (no cover letter needed)