

PROJECT CHODOSH DONATION FORM

Yes, I would like to make a donation to Project Chodosh for all the important work you do. 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"
For Check Orders Please Mail
this Form and the 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 Network Inc., which is not
affiliated with 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 Orders Please Fax this Form to: **1-888-755-7590** (no cover letter needed)