

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)

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(Number) (Street Name) (Apartment #)

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

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PAYMENT Please Select an Option

CHECKS (BY MAIL ONLY)

Make Donation Checks Payable to:
"Project Chodosh"

Please Mail this Form with enclosed
Check to:

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

For security reasons: NEVER Email
private information (such as credit
card numbers) by Email.

(This form was supplied by
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CREDIT/DEBIT CARD (BY FAXING ONLY)

MasterCard Visa Discover

Credit Card Number:

____ - ____ - ____ - ____

Expires: (MM) ____ / ____ (YY) CVC ____

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Exact Name on Card:

For Credit Card Donations ONLY. Please Fax this Form to:
1-888-755-7590. No cover letter needed.
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Thank You for Donating!