

Yes! I would like to support Jewish continuity and Pride in _____.

Please accept my tax-deductible contribution to Chabad of _____.

\$36 Double Chai

\$150 Friend

\$500 Benefactor

\$54 Triple Chai

\$180 Sponsor

\$1000 Partner

\$72 Associate

\$360 Patron

\$Other _____

Please charge my: Visa Mastercard Amex – Card# _____ - _____ - _____ - _____

Signature _____ Exp. Date _____

Name _____

Address _____

City _____ State _____ Zip _____

E-mail _____ Phone _____

Fill out this "Mechirat Chametz" form and mail to Chabad, _____

Or fax to _____ (all forms must be received by April 17, 2008)

I* _____ fully empower and permit Rabbi _____ to act on my behalf to sell all Chametz/mixtures of Chametz owned by me, as defined by the Torah and Rabbinic Law, particularly at the address/es listed below, and elsewhere. This power is in conformity with all Torah, Rabbinic and Civil laws.

Residence Address _____ Apt. _____

City/State/Zip _____

Business Address _____ Suite _____

City/State/Zip _____

Signature _____ Date _____

**husband and wife, specify names. Must be signed by head of household, and preferably by all parties*

*With Best wishes for a
Happy and Kosher
Pesach*

CHABAD OF ANYTOWN
116 S Birch Dr
Anytown, US