

Would you consider being committed to a donation? We charge your card in the amount specified by you on the consecutive days that you choose.

Example, \$36.00...on the 1st every... 7 Days...weekly

- ✓ When you participate, your recurring gift will appear on your credit card or checking account statement.
- ✓ If for any reason you wish to increase, decrease or suspend your gifts, just call 917-861-7282 and we will gladly accommodate you.
- ✓ You will get a tax exemption for your donation amount.

Indicate donation amount and check box for the desired period.

Donation Amount \$ _____ .00 on the _____ day, every...
(check one of the following)

- 7 Days... Weekly.
- 14 Days... Bi-Weekly.
- 30 Days... Monthly.
- 90 Days... Three Months
- Every 6 Months.
- One Time Donation.

Please complete and fax this form to 718-951-2090 / Email to:
bnairaphael@yahoo.com
Guaranteed Privacy!

First & Last Name: (As It appears on card) _____

Card # - _____ CID# - _____

CID# is the 3-digit number printed on the back of your card. It appears after and to the right of your card number.
CID # on American Express cards is a 4 digit number. It appears at the front of the card.

Card Type: _____ Expiration Date: ____ / ____ / ____

Billing Address: _____

City & State _____ Zip Code _____

Home Tel: # () _____ Cell () _____

Email: _____

May Hashem Bless You.