



<b>Am Kolel Member Yizkor Information</b>	
<b>Phone:</b> (301) 349-2799 <b>Email:</b> info@am-kolel.org	

Please complete this section for the **Yizkor** names you'd like included on the Remembrance Scroll.

	Yizkor Name	Relationship to You	Donation Amount
1			\$
2			\$
3			\$
4			\$

**Total Amount**      \$

Please enter your information below.

**Full Name:**   
**Street:**       **Apt #:**   
**City:**       **State:**       **Zip:**   
**Email:**       **Phone**

<b>Payment:</b> <input type="checkbox"/> Credit Card (Visa or Mastercard Only)		<input type="checkbox"/> Check # _____ <i>Make Checks Payable to <b>Kehila Chadasha</b></i>
<b>Name on Card:</b>	<input style="width: 400px;" type="text"/>	
<b>Credit Card #:</b>	<input style="width: 350px;" type="text"/>	<b>Expiration #:</b> <input style="width: 100px;" type="text"/>
<b>Signature:</b>	<input style="width: 400px;" type="text"/>	
<b>Billing Address (if different from mailing address above)</b>		
<b>Street:</b>	<input style="width: 450px;" type="text"/>	<b>Apt #:</b> <input style="width: 100px;" type="text"/>
<b>City:</b>	<input style="width: 300px;" type="text"/> <b>State:</b> <input style="width: 50px;" type="text"/>	<b>Zip:</b> <input style="width: 100px;" type="text"/>

Send this completed form with payment to

**Am Kolel**  
 19520 Darnestown Road  
 Beallsville, MD 20839