

שע"י קהל זרע אברהם. דענווער קא.

עזרת TZEDAKAH

ZERA AVRAHAM • 1560 WINONA COURT • DENVER CO, 80204 • TEL: 720-904-2406 • FAX: 206-984-2252

צדקה ASSISTANCE

Please complete the application form and submit the form 3 days before your arrival in Denver. You will receive an answer whether you are approved prior to your arrival in Denver. There is an additional cost for applications submitted within 3 days of your arrival in Denver, or after your arrival, as indicated below.

Mail or fax this form together with references and letters of recommendation (address and fax number are above). Allow seven working days for approval, even if applying in person. The more references you supply the quicker and better chance of receiving approval. References in Denver may expedite the process. The office reserves the right to make use of other contacts to substantiate the need for funds.

1. The office is open Sunday-Thursday 1:30-1:45 pm and 9:00-9:15 pm. To receive an approval certificate you must come personally to the office. No approval certificate will be given to someone else.
2. You must bring a valid passport and original letters of recommendations. Photocopies will not be accepted. When the need is medical, you must provide a statement from the attending doctor.
3. Application must be completed FULLY and CLEARLY by the person coming to collect. An incomplete application may delay processing. An individual collecting for himself does not need to complete the Institution Application and an institution does not need to complete the Personal Application.
4. A P.O. box will not be accepted as an address.
5. If you are collecting on behalf of an organization you must supply:
 - A. a letter from the organization authorizing you to collect, and;
 - B. a letter from an independent Rav recommending the institution.
6. The certificate is valid for 5 days after you arrive in Denver.
7. The fee for each application is \$27.00 when applying 3 days prior to your arrival in Denver. For an application submitted within 3 days of your arrival in Denver, or after you arrive, the fee is \$37.00.
8. As a general rule an approval certificate is issued only twice a year for 5 days each. If you want to renew your application, you will need to submit a new application etc. If approved for an additional certificate, the fee will be \$27.00, in addition to the fee for the original application.
9. The following rules must be kept when using the approval certificate. Non-compliance of these rules are grounds for confiscation of the certificate, disqualification from receiving a certificate in the future and reporting to nationwide tzedakah-approval committees.
 - A. You may not use the approval certificate after the valid dates.
 - B. The certificate may not be transferred to another collector.
 - C. You may only collect for the purpose/institution stated on the certificate.
 - D. It is absolutely forbidden to photocopy checks of individuals. You agree to destroy any copy you may already have.
 - E. You agree to treat all with respect, and accept even a small amount with a smile.
 - F. You may not collect in a Shul during Krias Shema and its Berachos.
 - G. You may not solicit funds after 10:00pm.

I have read and I agree to all the above.

Signed: _____

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טופס הרשמה אישי INDIVIDUAL FORM

This form should be filled out by the collector. Please answer all questions fully and clearly.
השאלון חייב להכתב במלואו ובאופן ברור על ידי הגובה עצמו

Name: _____ שם ושם המשפחה:

Teudat Zehut or Passport# _____ מספר תעודת זהות:

Home Address: _____ כתובת:

City: _____ עיר:

Telephone Number: _____ מספר טלפון:

Shul Affiliation: _____ בית כנסת שבה אתה מתפלל:

Is this your first time applying to the Denver Vaad? _____ האם זו היא בקשה ראשונה לדענווער?

Have you received a certificate from another Vaad? _____ האם קבלת מכתב אישור מעיר אחרת?

If yes, please specify: _____ אם כן נא לפרט

Date you will be arriving in Denver: _____ תאריך הגעה לדענווער:

Name of Host: _____ שם האכסניא בעיר:

Telephone Number in Denver: _____ מספר טלפון בדענווער:

Collecting on behalf of:

גובה עבור:

- | | | |
|------------------|--------------------------|--------------|
| Hachnasas Kallah | <input type="checkbox"/> | הכנסת כלה |
| Medical Expenses | <input type="checkbox"/> | בעיות רפואות |
| Chovos | <input type="checkbox"/> | חובות |
| How much? | _____ | כמה? |

On the certificate, it will be noted whether donations to this cause are tax-deductible. If you wish for it to state as such, please provide the information below.

כדי לציין על התעודה שהתרומות הם tax-deductible, נא לפרט חלק זה.

INSTITUTION INFO:

פרטי המוסד:

Name: _____ שם המוסד:

Institution Tax ID# (Mandatory): _____ עמותה מספר (הכרחי):

Address: _____ כתובת:

City: _____ עיר:

Telephone Number: _____ מספר טלפון: Fax: _____ פקס:

במידה והינך גובה עבור מישהו אחר נא לפרט חלק זה.

If you are collecting for someone other than yourself, please complete this section about the person for whom you are collecting.

Name of Individual: _____ שם פרטי:

Address: _____ כתובת:

City: _____ עיר: Telephone Number: _____ מספר טלפון:

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CONTACT FORM טופס המלצות

CONTACT 1: המלצה א':

Name: _____: שם:

Address/City: _____: כתובת/עיר:

Telephone Number: _____: מספר טלפון: Fax: _____: פקס:

CONTACT 2: המלצה ב':

Name: _____: שם:

Address/City: _____: כתובת/עיר:

Telephone Number: _____: מספר טלפון: Fax: _____: פקס:

CONTACT 3: המלצה ג':

Name: _____: שם:

Address/City: _____: כתובת/עיר:

Telephone Number: _____: מספר טלפון: Fax: _____: פקס:

I attest that all details submitted by me are correct- אני מצהיר שכל הפרטים שנתנו על ידי הנם נכונים -

Name of collector: _____ (של הגובה) שם מלא

Signed: _____: חתימה: Date: _____: תאריך: