



# משכן השופר

## MISHKAN HAsHOFAR

### Donation Form

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ St/Prov \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Congregation: \_\_\_\_\_

- Please send me your newsletter so I can pray for the work of Shofarel Jewish Ministries.
- I am contributing \$ \_\_\_\_\_ to Shofarel Jewish Ministries' evangelistic outreach.
- I authorize Shofarel Jewish Ministries to arrange for an automatic deduction from my credit card or bank account (please enclose a voided check) for a monthly support gift of \$ \_\_\_\_\_.
- Please charge my contribution of \$ \_\_\_\_\_ to my credit card.

Signature \_\_\_\_\_

Visa MD Amex Discover (circle one) \_\_\_\_\_

Exp Date \_\_\_\_\_ Verification Code \_\_\_\_\_

Please make checks payable to **Shofarel Jewish Ministries**.

Send this slip to:

**Shofarel Jewish Ministries**  
14125 Punch Street  
Silver Spring MD 20906