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I would like to have the delegation of Gedolei Rabbonim daven on my behalf at the Chofetz Chaim's Kever, on his upcoming Yahrtzeit.

Hebrew name	Full name	
Mother's Hebrew name	Address	
I am presently a participant in the Daf HaYomi B'Halacha Program		
☐ I undertake, bli neder, to join the	Phone number	_
Daf HaYomi B'Halacha program*	Email address	



*A kabbalah, the sefarim teach us, strengthens one's resolve. It is understood that the kabbalah is bli neder and that circumstances can crop up that will make it difficult to keep. There is no minimum time requirement.

Please fill in the pertinent information, and return by fax or email, no later than September 1, 2015/17 Elul.

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