

שטר מכירת חמץ

SALE OF CHAMETZ**Delegation of Power of Attorney for the Sale of Chometz****Passover 2011 – 5771**

It is traditional not only to put your leavened products out of sight during Passover, but also to sell them through a Rabbi to a non-Jew.
This is done in order to fulfill the commandment of *not owning any Chametz*.

I, the undersigned, fully empower and authorize **Rabbi Mordechai Z. Hecht** to act in my place and stead, and on my behalf to sell all CHOMETZ possessed by me (knowingly or unknowingly) as defined by the Torah and Rabbinic law (e.g. Chometz: doubt and suspicion of Chometz and all kinds of Chometz mixtures).

Also Chometz that is unfit for human, food that tends to adhere to a surface of the inside of pans, pots or cooking utensils, and all kinds of live animals or birds that eat Chometz or mixtures thereof. And to lease all places wherein the Chometz owned by me may be stored or found, especially in the premises specified below and elsewhere, up to and including **Monday, April 18th 2011 at 10:36 am**. Rabbi Mordechai Z. Hecht has the full right to sell and to lease by transactions as he deems fit and proper and for such time as he believes necessary in accordance with all details, terms and forms explained in the general contract of sale which will be signed on the instruction of Rabbi Mordechai Hecht or by himself. This authorization is made a part of the contract.

Also I do hereby give the said Rabbi Mordechai Hecht full power and authority to appoint a proxy in his place with the full power to sell and to lease as provided herein.

The above given power is in conformity with all Torah, Rabbinical regulations and laws in accordance with the laws of the country. And to this I hereby affix my signature on this _____ day of the month of _____ in the year 2011/5770.

Personal Information

Last Name _____ First Name _____

Home Address _____ - _____

City _____ State _____ Zip _____

Telephone # _____ Email _____

Additional Address _____

City _____ State _____ Zip _____

Office Address _____

City _____ State _____ Zip _____

Signature: _____

Please return the signed form by **April 15, 2011**.*You need not finish cleaning by the time you mail your form.*We cannot accept responsibility for any forms received after **April 15th**.

Forms can be faxed to: 718-268-3550 or mailed to:

Anshe Sholom Chabad: 82-52 Abingdon Rd. Kew Gardens NY 11415*Any contribution given in association with selling chametz will go toward ASC programs.*