

G'mach (Gemilus Chesed Zichron Shlomo)
In loving memory of R' Shlomo ben R' Binyomin

Application 1 (on page 2) is for amounts up to \$2,000 requiring one co-signer.

Application 2 (on page 3) is for amounts \$2,000 and over requiring 2 co-signers.

Contact Names for Confidential Inquiries to G'mach should be directed to the following at these phone numbers only for discretion purposes...

*Rabbi Meyer Roberts: 612.382.9396
or Ron Mandelbaum: 952.334.6333*

FOR OFFICE USE ONLY	Loan #: _____	Loan Date: _____	Check #: _____
Monthly Payment: \$ _____	.00	First Payment Due: _____	Repayment Date: _____
Remarks: _____			

Amount: \$ _____ .00 **Date:** _____, 20_____

ON DEMAND for value received, we, the undersigned, do hereby **JOINTLY AND SEVERALLY*** promise to pay to the order of:
Gemilus Chesed Zichron Shlomo *G'mach in loving memory of R' Shlomo ben R' Binyomin Z"L*

_____ (\$ _____ .00)
US Dollars

The Makers of this note (both Borrower and Co-Makers) do hereby waive demand, notice of demand, protest, notice of protest, and notice of non-payment, and any and all other notices, whatsoever, kind or nature required by the (laws of the) State of Minnesota. The Makers of this note hereby certify that all information given below is true.

1. Borrower (please print and answer all questions completely)

Name: _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____ Wireless Phone: () _____

Employer: _____ # of Years: _____

Work Street Address: _____ E-Mail Address: _____

City: _____ State: _____ Zip: _____

Name of Bank: _____ Checking or Savings: _____ Account #: _____

2. Co-Maker (please print and answer all questions completely)

Name: _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____ Wireless Phone: () _____

Employer: _____ # of Years: _____

Work Street Address: _____ E-Mail Address: _____

City: _____ State: _____ Zip: _____

Name of Bank: _____ Checking or Savings: _____ Account #: _____

Relationship / Affiliation with Borrower: _____

SIGNATURES

1. Borrower: (X) _____

2. Co-Maker: (X) _____

* "Jointly and Severally" means that each of you has the duty of fully performing the obligations set forth herein and that the G'mach "GCZS", in its sole and absolute discretion, has the right to collect the entire balance owed hereunder either from all of you or from any of you upon breach of performance hereunder.

FOR OFFICE USE ONLY Loan #: _____ Loan Date: _____ Check #: _____ Monthly Payment: \$ _____ .00 First Payment Due: _____ Repayment Date: _____ Remarks: _____ _____

Amount: \$ _____ .00

Date: _____, 20____

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3. Borrower (please print and answer all questions completely)

Name: _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____ Wireless Phone: () _____

Employer: _____ # of Years: _____

Work Street Address: _____ E-Mail Address: _____

City: _____ State: _____ Zip: _____

Name of Bank: _____ Checking or Savings: _____ Account #: _____

4. Co-Maker (please print and answer all questions completely)

Name: _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____ Wireless Phone: () _____

Employer: _____ # of Years: _____

Work Street Address: _____ E-Mail Address: _____

City: _____ State: _____ Zip: _____

Name of Bank: _____ Checking or Savings: _____ Account #: _____

Relationship / Affiliation with Borrower: _____

5. Co-Maker (please print)

Name: _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____ Wireless Phone: () _____

Employer: _____ # of Years: _____

Work Street Address: _____ E-Mail Address: _____

City: _____ State: _____ Zip: _____

Name of Bank: _____ Checking or Savings: _____ Account #: _____

Relationship / Affiliation with Borrower: _____

SIGNATURES

3. Borrower: (X) _____

4. Co-Maker: (X) _____

5. Co-Maker: (X) _____

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