

Form for Selling Your Chametz with Rabbi Hillel Skolnik – Passover 5782-2022

Congregation Tifereth Israel – 1354 East Broad Street Columbus, OH 43205

Over the course of the eight days of Passover, we are commanded both to not eat *chametz*, or leaven, and to possess no leaven in our households. In olden times, Jews would literally break their pots so as not to be in possession of household items that were considered *chametz* during Passover. Clearly, this would not be a practical solution for our times. Luckily, the rabbis created a mechanism by which all of our things that we use year-round would remain in our homes but not be in our possession during Passover. That mechanism is the selling of a person's *chametz*. By filling out the information and signing below, you authorize me to be your agent in the selling of the *chametz* in your home. It does not mean that these things need to be packaged and shipped to the synagogue or anywhere else, though they should be put out of sight somewhere in your house for the duration of the holiday. Please be sure to complete this form by **Wednesday, April 13 by 5 pm**. This can be done digitally at (INSERT LINK TO GOOGLE FORM), or by printing it out and sending a scanned copy to hskolnik@tiferethisrael.org.

One final note: It is my honor to act as the selling agent for anyone who wishes to partake in this important *mitzvah* and to do so free of charge. It has, though, long been the practice in Jewish communities that a donation is made, most often to the Rabbi's discretionary fund, as a token of appreciation.

Rabbi Hillel Skolnik

The undersigned to hereby authorize Rabbi Hillel Skolnik and/or his appointed agents to sell in their name any chametz (any product containing leavening in any form whatsoever) which might be left in their possession at home, in accordance with the laws and customs of the Jewish people. Chametz will be sold on the morning of Friday, April 15 and purchased back after three stars are in the sky on the evening of Saturday, April 23.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Signature: _____ Date: _____