

A GIFT OF ISRAEL PAYMENT REQUEST FORM

Please fill in Section 1, sign and return to Maya Holtz Groys at the JECC by fax: (216) 371-2523 mail: 2030 S. Taylor Rd., Cleveland Hts., 44118 or scan and email to mgroys@jecc.org at least 2 months before the funds are due to the program.

1. Participant Information

Date _____

Student's Name _____

Address: _____

City, Zip: _____ Phone: _____

Jewish School: _____ Grade: _____ Years in the savings plan _____

Should the student withdraw from the program, the matching funds from Federation and the schools (if applicable) must be returned to the Jewish Education Center of Cleveland. If the program retains a portion of payment, it cannot come from these funds.

Parent's Signature _____
(Funds will not be processed without this signature) (Parent Email address)

Funds will be sent to the Israel Program unless otherwise discussed with Maya Holtz Groys.

Israel Program Name: _____ Acceptance Date: _____

Make check payable to: _____

Address: _____ Departure Date: _____

City, State, Zip: _____ Attention: _____

JECC USE ONLY-VERIFICATION OF ACCOUNTS

2. Savings Information

a. Student Account Number: _____
Custodial Savings Total: _____ \$ _____
Date Withdrawal Authorized: _____

b. School Account Number: _____
Number of Years: _____ x \$ _____ + Int. = _____ \$ _____
Date Withdrawal Received: _____

2nd School Account Number: _____
Number of Years: _____ x \$ _____ + Int. = _____ \$ _____
Date Withdrawal Received: _____

c. Jewish Federation of Cleveland Match
Number of Years: _____ x \$ 80 = _____ \$ _____
Number of Years: _____ x \$ 100 = _____ \$ _____
Bar/Bat Mitzvah/Rite of Age Gift _____ \$ _____
Date Received: _____

d. Total Sent to Program _____
Processed by: _____ \$ _____

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