****

**PROGRAM NOTIFICATION FORM (to use savings towards an eligible Israel program)**

***Instructions:*** *This document is a Microsoft Word Fillable Form, to be completed digitally; save this document in your computer files while you are working on it. To get started, you may need to click the “View” tab, and select “Edit Document”.* ***To move from field to field, use the up or down arrows on your keyboard****, or click or tap into the field.*

|  |
| --- |
| **Parent/Guardian or Synagogue please complete this section:** |

Gift of Israel participant, Click or tap here to enter text. - **Acct. No.** Click or tap here to enter text., is requesting a withdrawal of his/her accumulated savings from his/her account to participate in the program, Click or tap here to enter text.

The funds should be made **payable to:** Click or tap here to enter text.

**Remittance Address:**  Click or tap here to enter text.

**City:** Click or tap to enter text., **State:** Click or tap to enter text. **Zip:** Click or tap to enter text.

Please include a copy of the participant’s program invoice or letter of acceptance. Requests cannot be processed without this.

|  |
| --- |
| **Parent/Guardian please complete this section:** |

By e-signing below, you agree that the signature will be the electronic representation of your signature.

|  |  |
| --- | --- |
| **Parent/Guardian Signature:** | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Printed Name**:** | Click or tap here to enter text. | **Phone:** | Click or tap here to enter text. |
| **Date:** | Click or tap to enter a date. | **E-mail:** | Click or tap here to enter text. |

**Complete Mailing Address:** Click or tap here to enter text.

**City:** Click or tap to enter text., **State:** Click or tap to enter text. **Zip:** Click or tap to enter text.

|  |
| --- |
| **Synagogue Representative, if applicable, please sign and complete this section:** |

|  |  |
| --- | --- |
| **Name of Synagogue:** | Click or tap here to enter text. |
| **Gift of Israel Administrator:** | Click or tap here to enter text. |

By e-signing below, you agree that the signature will be the electronic representation of your signature.

|  |  |
| --- | --- |
| Signature**:** | Click or tap here to enter text. |
| **Date:** | Click or tap to enter a date. |

**Send completed forms to *giftofisrael@jewishmiami.org***

OR

Greater Miami Jewish Federation

Attn: Planning/Gift of Israel **Fax** 305.576.1403

4200 Biscayne Boulevard, Miami, FL, 33137 **Tel** 786.866.8431