



GIFT OF ISRAEL SAVINGS PROGRAM
DONATION OF FUNDS or WITHDRAWAL

Return completed form to: *Julia Franks*
Gift of Israel Savings Program
Greater Miami Jewish Federation
4200 Biscayne Boulevard
Miami, FL 33137

Tel: (786) 866-8497
Fax: (305) 576-1403
Email: jfranks@gmjf.org

To donate funds to support this program, complete this section:

Please donate our family portion _____, of the Gift of
(Name) (Acct. #)
Israel contributions to the Greater Miami Jewish Federation to support the Gift of Israel Savings Program.

If applicable, please indicate name of participating Synagogue or Organization. Corresponding contributions will be returned to the Synagogue or Organization.

To withdraw funds complete this section:

Please withdraw _____, from the Gift of Israel
(Name) (Acct. #)

Savings Program. The family contributions to date should be made payable to:

Name of Participant's Family: _____,

If applicable, please indicate name of participating Synagogue or Organization. Corresponding contributions will be returned to the Synagogue or Organization.

Sign and complete below:

(Participant (if over 18), or Parent or Guardian Signature)

(Date)

(Participant (if over 18), or Parent or Guardian Signature)

(E-mail Address)

(Full Mailing Address: Street/City/Zip Code)

(Phone)