



GIFT OF ISRAEL SAVINGS PROGRAM
(formerly Passport to Israel)
PROGRAM NOTIFICATION FORM

Please return the

completed form to: *Greater Miami Jewish Federation*
Attn: Julia Franks
4200 Biscayne Boulevard
Miami, FL 33137

☎ 786-866-8497
☎ 305-576-1403
✉ jfranks@gmjf.org

Gift of Israel participant, _____, _____ is requesting a
(Name) (Account #)

withdrawal of his/her accumulated savings from his/her Gift of Israel account to participate in the

(Program*)

The funds should be made payable and sent to: _____
(Program*)

Mailing address: _____

***Please enclose a copy of the participant's program invoice or letter of acceptance. Requests cannot be processed without this.**

Participating synagogue: _____

Sincerely,

(Parent's Signature)

(Date)

(Parent's Printed Name)

(E-mail Address)

(Full Mailing Address)

(Phone)