

## BAR/BAT MITZVAH PROGRAM FORM

Thank you for your interest in the JFR's *Bar/Bat Mitzvah* program. Please complete this form and mail it with your contribution to the Foundation. (Please print)

### FAMILY INFORMATION

Full name of the *Bar/Bat Mitzvah* \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Date of *Bar/Bat Mitzvah* \_\_\_\_\_

### PROGRAM INFORMATION

Please check which part of the JFR *Bar/Bat Mitzvah* Program you wish to participate in:

Twinning (Minimum donation is \$180)

Checkerboard Invitation (Minimum donation is \$5/invitation mailed - with a minimum donation of \$180)

If you are participating in the Invitation program, please provide the following:

How many invitations will you be ordering? \_\_\_\_\_

How many invitations will you be mailing\*? \_\_\_\_\_

\* Your pledge to the JFR is based on the number of invitations mailed x \$5.00 - with a minimum donation of \$180

Our pledge is \$ \_\_\_\_\_

Checkerboard Dealer \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

## BAR/BAT MITZVAH PROGRAM FORM

### CERTIFICATE INFORMATION

Every *Bar/Bat Mitzvah* participating in the program will receive a certificate.

Name of Rescuer you would like to be twinned with \_\_\_\_\_

Please indicate the names and titles of two people from your congregation who you would like to appear on the certificate (i.e., rabbi, cantor, and/or president):

Name \_\_\_\_\_

Name \_\_\_\_\_

Name of Congregation

Address \_\_\_\_\_

Please make checks payable to The Jewish Foundation for the Righteous and mail to:

The Jewish Foundation for the Righteous  
Bar/Bat Mitzvah Program  
305 Seventh Avenue, 19th Floor  
New York, NY 10001-6008

Should you have any questions regarding the *Bar/Bat Mitzvah* program, please call the JFR office.