



GIFT OF ISRAEL SAVINGS PROGRAM
SIBLING TRANSFER or DONATION or WITHDRAWAL OF FUNDS

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

Tel: (786) 866-8431
Fax: (305) 576-1403
Email: icohen@gmjf.org

To TRANSFER funds from sibling to sibling, complete this section:

Transfer our family portion of the contributions

from, _____, _____
(Name) (Acct. #)

to, _____, _____
(Name) (Acct. #)

Transfer entire family contribution Transfer this amount \$ _____

Please note, only the family contribution can be transferred. If applicable, please indicate name of participating Synagogue or Organization. Corresponding contributions will be returned to the Synagogue or Organization. Federation contributions and interest are folded back into the Gift of Israel program.

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/Guardian Signature)

(Date)

(Phone)

(Participant (if over 18), or Parent or Guardian Printed Name)

(E-mail Address)

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