

**SIBLING TRANSFER or DONATION or WITHDRAWAL OF FUNDS**

***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.*

|  |
| --- |
| **To TRANSFER funds from sibling to sibling, complete this section:** |

Transfer entire family contribution Choose Yes or No.

Transfer this amount only **$**Click or tap to enter amount.

**From:** Click or tap here to enter text. - **Acct. No.** Click or tap here to enter text.

**To:** Click or tap here to enter text. - **Acct. No.** Click or tap here to enter text.

**Please note,** only the family contribution is transferable. Corresponding contributions will be returned to the participating Congregation or Institution. If applicable, please indicate name of Congregation or Institution: Click or tap here to enter text.. *Federation contributions and interest are folded back into The Gift of Israel Savings Program.*

|  |
| --- |
| **To DONATE funds and to help support this program, complete this section:** |

Please donate our family portion of The Gift of Israel Savings Program contributions to the Greater Miami Jewish Federation to support this program.

**Participant name:** Click or tap here to enter text. - **Acct. No.** Click or tap here to enter text.

Corresponding contributions will be returned to the participating Congregation or Institution. If applicable, please indicate name of Congregation or Institution: Click or tap here to enter text.

|  |
| --- |
| **To WITHDRAW and have family contribution returned to you, complete this section:** |

Please withdraw Click or tap here to enter text. - **Acct. No.** Click or tap here to enter text.

from The Gift of Israel Savings Program.

The family contributions to date 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.

Corresponding contributions will be returned to the participating Congregation or Institution. If applicable, please indicate name of Congregation or Institution: Click or tap here to enter text.. *Federation contributions and interest are folded back into The Gift of Israel Savings Program.*

|  |
| --- |
| **Signature Required** |

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

|  |  |
| --- | --- |
| **Participant *(if over 18)* or 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. |

**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