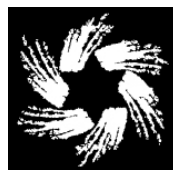


# The Jewish Community Federation's Gift of Israel Program Registration



**JEWISH  
COMMUNITY  
FEDERATION**

of San Francisco, the Peninsula, Marin and Sonoma Counties

Please register my child (named below) in the Gift of Israel Savings Program. My registration fee of \$18 is enclosed.

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ as of (date) \_\_\_\_\_

Name of Parent \_\_\_\_\_  
(account can only be opened in one parent's name)

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_  
(where we can reach you if we have questions)

Synagogue \_\_\_\_\_ Jewish Day School \_\_\_\_\_  
(if applicable)

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail to: JCF/Gift of Israel, 121 Steuart Street, San Francisco, California 94105