



# THE Israel Experience SAVINGS PROGRAM APPLICATION

Child's last name \_\_\_\_\_ First name \_\_\_\_\_

Date of birth \_\_\_\_\_ Gender \_\_\_\_\_ Email \_\_\_\_\_

Parent One \_\_\_\_\_ Parent Two \_\_\_\_\_

Parent One Email \_\_\_\_\_ Parent Two Email \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent One address \_\_\_\_\_ Phone \_\_\_\_\_  
(if different from above) ☐ home ☐ cell ☐ other

Parent Two address \_\_\_\_\_ Phone \_\_\_\_\_  
(if different from above) ☐ home ☐ cell ☐ other

Account Guardian \_\_\_\_\_ Phone \_\_\_\_\_  
☐ home ☐ cell ☐ other

Synagogue Affiliation (if any) \_\_\_\_\_

Name of sponsoring organization (if any) \_\_\_\_\_

Sibling(s) (may be continued on back) \_\_\_\_\_ Date(s) of birth(s) \_\_\_\_\_

☐ Yes, you may use my name and photo and my child's name and photo for publicity purposes.

I hereby acknowledge that I have received and read the Israel Experience Savings Program flyer and understand that the policies set forth therein constitute the terms and conditions of enrollment and participation. Payments to Federation for application to a particular child's Israel Experience Savings account ARE NOT DEDUCTIBLE for state or federal tax purposes.

Account Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_



**Jewish Federation**  
of Northeastern New York

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