



MIDRESHET FALL 2020

To register via mail, complete the following information and send with payment to Jewish Federation Foundation, 450 W Nyack Rd, West Nyack 10994

Please register me for the following Federation Midreshet courses.

	Course Name	Instructor	Tuition
1.	_____		
2.	_____		
3.	_____		

Tuition covers course-related expenses, such as teacher salaries. Please consider a voluntary contribution to the Federation 2020-21 general campaign (thank you!): \$ _____

Name: _____

Address: _____

City, State, Zip: _____ E-mail: _____

Cell Phone _____

Please indicate your choice of payment:

____ Check enclosed, payable to Jewish Federation of Rockland County for \$ _____

____ Charge my credit card: ____ Visa ____ MC ____ AmEx

Acct. # _____ Exp. Date _____ CV Code _____

Questions? Contact Barry Kanarek, bkanarek@jewishrockland.org or (845)362-4200 ext 170.