



JEWISH FEDERATION OF METROPOLITAN CHICAGO

ISRAEL EXPERIENCE SAVINGS REQUEST FORM

**for SKIP, Gift of Israel, Walk with Israel Vouchers
and/or JUF Bar/Bat Mitzvah Israel Experience Certificates**



When you are ready to use your Israel Experience savings for an approved program in Israel, please complete this form and send it **AT LEAST 30 DAYS BEFORE YOU NEED YOUR FUNDS** to:

Israel Experience Programs
Jewish Federation of Metropolitan Chicago
30 South Wells Street, Room # 5031
Chicago, IL 60606-5056

PLEASE PRINT OR TYPE:

Participant's name: _____ Participant's Email: _____

Address: _____ City, State: _____ Zip: _____

Phone number: () _____ Birthdate: _____ Social Security #: _____

NOTE: The participant's Social Security number MUST be provided before a check can be issued.

Congregation: _____ High school class of 20 _____

Israel Experience Program: _____

Program sponsor (if applicable): _____ Departure date: _____

I plan to use my ISRAEL EXPERIENCE SAVINGS for the above named program. I understand that the check *must* be made payable to the program or program sponsor. Checks CANNOT be made payable to individuals. **My check should be made payable to:**

(program or program sponsor)

TAX CONSEQUENCES: It is our belief that the interest earned on family contributions to SKIP and Gift of Israel accounts is taxable and must be reported on your tax return. Please note that Federation will NOT issue a form 1099, but the amount of taxable interest will be reported to you on the check explanation form that will accompany your check.

PLEASE check only the boxes for the program(s) in which you are enrolled and from which you would like to use funds:

- SKIP
 - Include all of my SKIP money Include only part of my SKIP money: \$ _____
- JUF Bar/Bat Mitzvah Certificate (please enclose if available)
- Gift of Israel
 - Include my entire Gift of Israel savings Include only part of my Gift of Israel savings: \$ _____
- Walk with Israel vouchers (must be fully completed and enclosed). Number of vouchers _____

A CHECK MADE PAYABLE TO YOUR PROGRAM WILL BE SENT TO YOUR HOME ADDRESS.

Signature of ISRAEL EXPERIENCE savings recipient

Date

Signature of parent or legal guardian

Date

If you have any questions, contact Mandy Weiss at (312) 444-2895 or israelexperience@juf.org.