



Jewish United Fund/Jewish Federation of Metropolitan Chicago



Israel Experience Savings Request Form

for SKIP, Bar/Bat Mitzvah Certificates, Gift of Israel, and/or Walk With Israel Vouchers

When you are ready to use your Israel Experience savings for an approved program in Israel, please complete this form and send it in AT LEAST 30 DAYS before you need your funds. A check will be mailed to your home address.

Participant's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ City, state, zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Congregation: \_\_\_\_\_ Year of high school graduation: \_\_\_\_\_

Israel Experience program: \_\_\_\_\_

Program sponsor (if applicable): \_\_\_\_\_

Departure date: \_\_\_\_\_ Length of program: Summer Semester Year Other

I plan to use my Israel Experience savings for:

the program (I understand that my check will be made payable to the program or program sponsor. Checks CANNOT be made payable to individuals for reimbursement of program fees.)

airfare reimbursement (Please submit: a copy of your itinerary, proof of airfare purchase, and a letter from your program confirming that you have started.)

Please make my check payable to: \_\_\_\_\_

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 the boxes for the savings from which you would like to use funds.

SKIP:

Use all of my SKIP funds
Use this amount from my SKIP funds: \$\_\_\_\_\_

Bar/Bat Mitzvah Certificate:

The certificate is enclosed
I can't find the certificate but would like to redeem it

Gift of Israel:

Use all of my GOI funds
Use this amount from my GOI funds: \$\_\_\_\_\_

Walk With Israel Vouchers (must be fully completed and enclosed)

Number of vouchers: \_\_\_\_\_

(REQUIRED) Signature of Israel Experience participant

Date

(REQUIRED) Signature of parent/guardian

Date

Once signed, please scan & email (isralexperience@juf.org), fax (312-444-2086), or mail this form to:

Israel Experience
Jewish United Fund of Metropolitan Chicago
30 S Wells #5033
Chicago, IL 60606

If you have any questions, please call (312) 444-2895 or email isralexperience@juf.org.