

SEFER BAR/BAT MITZVAH INSCRIPTION ORDER:

Date: _____ Donor Name _____

Address _____ City/Prov _____ PC _____

Home: _____ Cell: _____ Bus.: _____

Email _____

PAYMENT (CHECK ONE): MasterCard VISA Cheque enclosed

CC number: _____ Exp.: _____ Amount: \$ _____

Name on card _____ Graduation Year: _____

Sample: Daniel Adam דניאל בן שלומה ואילנה

English name of Bar/Bat Mitzvah: _____

Hebrew Name: _____ tb/}b _____

Date on certificate:

	English (D/M/Y)	Hebrew (D/M/Y)	
Bar/Bat Mitzvah date	_____	_____	<input type="checkbox"/> After Sunset

Inscribed by: _____

DELIVER CERTIFICATE TO: Synagogue Child/Family

Name: _____

Address _____

City/Prov _____ PC _____

Return completed form and payment by to: OJCS PTA

COMPLETE FORM FULLY
PLEASE CALL 613-798-2411 OR EMAIL OTTAWA@JNF.CA
FOR ASSISTANCE IF NEEDED