



Sheitel Grant Form

I am requesting the grant for my first new wig:

First Name: _____

Last Name: _____

Address: _____

City: _____

Postal Code: _____

Phone: _____

Email: _____

Rabbi: _____

I, _____ (please print full name)

would like \$ 250 towards the cost of my first wig.

Signed (your signature)

Attest (Rabbi's signature)

Date

For office use only

ID: _____

Paid On: _____

Approved by: _____

A PROJECT OF THE JEWISH RUSSIAN COMMUNITY CENTER OF ONTARIO