בס"ד

JRCC grants
Promotiong Jewish Identity

JRCC
KosherGrant
In memory of Ella bat Avrohom Yitzchok

Kashrus Form

I am requesting the grant for a Koshering done at:

First Name: _____

Last Name: _____

Address: _____

City: _____

Postal Code: _____

Phone: _____

Email: _____

Rabbi: _____

We congratulate you upon this significant milestone in your connection to G-d. To help ease the initial financial burden of going kosher the JRCC is happy to give you 50% of your expenses, up to $500.
I request $ _____ towards the cost of the Koshering. (Receipts attached)

_____ _____
Signed (your signature) **Attest (Rabbi's signature)**

_____
Date

For office use only

ID: _____ Paid back: $ _____ Paid On: _____ Approved by: _____

A PROJECT OF THE JEWISH RUSSIAN COMMUNITY CENTER OF ONTARIO

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