



In memory of Eliyahu Ben Aba OB"M

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 \$ _____ | Approved by: _____ |
| Paid on (Date) _____ | Campaign: KASHRUS | Branch: CA |

APROJECT OF THE JEWISH RUSSIAN COMMUNITY CENTER OF ONTARIO