

JEM Community Center Passover Seder Assistance

“No Jew Left Behind”

* Please fill out thoroughly. One form per person.

Name: _____

Age: _____

Address: _____ City: _____

Cell: () _____ Work: () _____ Email: _____

Marital Status: _____

Where did you spend last year’s Passover Seders? _____

(Please Advise: The cost for the seder is over \$75 per person including the catered meal, 4 cups of wine, hand made Matzah etc. JEM Charges only \$50 per person to cover a partial cost.

Amount you can afford per night: \$ _____ (We will try our best to help you!)

I require assistance to pay for the Passover Seder due to:

_____.

Any type of compensation you can give back to the Community Center: (perhaps in your profession, or business): _____

_____.

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Additional Comments:

Please provide a Rabbi reference:

Rabbi’s Name: _____ Rabbi’s Cell Number: () _____

Synagogue’s Name: _____ Telephone Number: () _____

Employment Information

Are you currently working? _____ Type of Work: _____

Employer: _____ Years on the Job: _____

Work Address: _____ City: _____ Tel. Number () _____

Salary \$ _____ Weekly Monthly (Hourly Wage: \$ _____ Avg. Weekly Hours: _____)

If not employed: Reason not employed:

I hereby sign that the above is all true.

Date: _____ Name: _____ Signature: _____

*** Form can be emailed back to Passover@JEMCenter.com or faxed to 866-262-6755.