

The NACOEJ Bar and Bat Mitzvah Twinning Program



Twinning enables North American B'nai Mitzvah to write to their Ethiopian-Israeli peers and learn about them, and vice versa.

By participating, you enable your Ethiopian Twin's school to get books, school supplies, educational trips, and more!

Many North American Twins have met their Ethiopian-Israeli Twins on trips to Israel.

To join the program, just fill out the form on the reverse.

You can find more information and an application online on our Web site, or call us.

Please allow four to six weeks for us to process your application.



When you participate, you will receive:

- ◆ A photo and a brief introduction from your Twin.
- ◆ A special Twinning Certificate sent to your Rabbi for presentation to you.



Ideas for Your Bar- or Bat- Mitzvah Project



For NACOEJ Mitzvah brochures, call 212-233-5200 ext. 227 or email mitzvah@nacoelj.org

Create a personal fundraising Web page for your project.



Raise money with great NACOEJ cards.



Choose your favorite sport, contest or race, and find sponsors.



You'll find many more ideas at www.nacoelj.org/mitzvahprojecttools.html



The North American Conference on Ethiopian Jewry (NACOEJ), established in 1982, is a non-profit 501(c)(3) organization.

For more information about NACOEJ programs and other ways you can help Ethiopian Jews, please visit our Web site at www.nacoelj.org.

255 West 36th St. Suite #701 New York, NY 10018 · Ph: 212-233-5200 · Fax: 212-233-5243 · Email: nacoelj@nacoelj.org

NACOEJ Bar/Bat Mitzvah Twinning Application

Please return this form, along with a \$280 Twinning fee, to:
NACOEJ • 255 West 36th St., Suite #701 • New York, New York • 10018
ATTN: Miriam Weissman
212-233-5200 • Fax: 212-233-5243 • nacoej@nacoej.org • www.nacoej.org

Bar Mitzvah's Last Name: _____ First Name: _____

Bat Mitzvah's Last Name: _____ First Name: _____

Hebrew name: _____

Address: _____

City: _____ State _____ Zip: _____

Phone: _____ Email: _____

Birth Date: _____ Date of Bar/Bat Mitzvah: _____ Hebrew Date of Bar/Bat Mitzvah: _____

Adult Contact Person: _____ Relationship: _____

Address: _____

City: _____ State _____ Zip: _____

Phone: _____ Fax: _____

Home Phone: _____ Business Phone: _____

Email: _____

Synagogue: _____ Rabbi's Full Name: _____

Address: _____

City: _____ State _____ Zip: _____

Phone: _____ Email: _____

____ Enclosed is my check for: \$280 ____ Please charge my gift of \$280 to ____ Visa ____ Master Card ____ AmEx

Name as it appears on credit card: _____

Card number: _____ Expiration Date: _____

Signature: _____

____ I have enclosed a corporate matching gift form.

____ My child is planning to send additional tzedakah after his/her Bar/Bat Mitzvah.

____ Our family will be visiting Israel on: _____, we would like to meet our Twin and visit the school*.

**Please note that this can only be arranged when school is in session. One month's notice is required.*