

Twinning Program

This unique initiative was designed to build bridges between generations. The program pairs a Canadian child of Bar/Bat Mitzvah age with a child who perished during the Holocaust before having the opportunity to celebrate his/her Bar/Bat Mitzvah. Once you complete the form below, we will match your son/daughter with a child who perished in the Holocaust and guide you through the research process.

Please email the completed form along with the administrative fee of \$180 to info@yadvashem.ca, fax to 416.785.4536, or mail to the address at the bottom.

Bar/Bat Mitzvah Child

English Name: _____ Hebrew Name: _____

Birthday: _____ Date of Bar/Bat Mitzvah: _____ School: _____

Home Address/Street: _____

City: _____ Province: _____ postal Code _____

Mother

Father

Name: _____

Name: _____

Cell: _____

Cell: _____

Bus: _____

Bus: _____

Email: _____

Email: _____

Workplace: _____

Workplace: _____

Position: _____

Position: _____

Work Address: _____

Work Address: _____

Payment Options

Cheque (made payable to **Canadian Society For Yad Vashem**)

Credit Card: __ Visa __ MasterCard

Name on card: _____

Card number: _____ Exp. _____

Cardholder's signature: _____

More Information

1. Do you have any family members who perished in the Shoah? Yes _____ No _____
2. Would you like to learn more about our program that commemorates victims of the Holocaust and survivors who have resided in Canada but have since passed away? Yes _____ No _____
3. Would you like to learn more about our acknowledgement program that recognizes your son/daughter for adopting the Twinning Program? Yes _____ No _____