



### **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 complete and sign the form. Completed forms can be returned along with a \$180 donation to: [info@yadvashem.ca](mailto:info@yadvashem.ca), fax to 416.785.4536, or mail to the address at the bottom.

#### **Bar/Bat Mitzvah Child**

English Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Email: \_\_\_\_\_ School: \_\_\_\_\_

Birthday: \_\_\_\_\_ Date of Bar/Bat Mitzvah: \_\_\_\_\_

Home Address/Street: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code \_\_\_\_\_

#### **Mother**

Name: \_\_\_\_\_

Cell: \_\_\_\_\_

Bus: \_\_\_\_\_

Email: \_\_\_\_\_

Workplace: \_\_\_\_\_

Position: \_\_\_\_\_

Work Address: \_\_\_\_\_

#### **Father**

Name: \_\_\_\_\_

Cell: \_\_\_\_\_

Bus: \_\_\_\_\_

Email: \_\_\_\_\_

Workplace: \_\_\_\_\_

Position: \_\_\_\_\_

Work Address: \_\_\_\_\_

#### **Payment Options**

Cheque (made payable to **Canadian Society For Yad Vashem**) or Credit Card:  Visa  MasterCard

Name on card: \_\_\_\_\_

Card number: \_\_\_\_\_ Exp. \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Permission to Publish: the Participant permits CSYV to include images and testimonials on its website and social media.

#### **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