Response Form

	Periodic information and prayer updates by email.	
	Please send me be'yachad brochures.	
	Requested number of brochures:	
	We wish to support local partner congregations in Israel/Autonomous	5
	Area.	
	Number of pay slips:	
	We want to get involved as be'yachad Partners and to support the As	SSO-
	ciation as an organization (for administrative costs).	
	Number of pay slips:	
	I'm interested in becoming a member of the Association. Please send	d me
	the respective documentation.	
	Please contact me.	
Nam	ne (church or individual)	
Nam	ne of contact person (only for churches)	
Addı	iress	•
Post	tal Code, City, Country	
Phor	ne P/O	
Ema		
Com	nments	•

