

OHEL RAHEL Membership Program:

Last Name _____

First Name _____

Address _____

Zip Code _____

City _____

Country _____

Payment Details: per month per year
Please complete!

Payment Form: via check via bank transfer
Please complete!

Date/Signature _____

Please return the completed form to Ohel Rahel - Jewish Charity Organization,
Seitenstettengasse 4, A-1010 Vienna, Austria.

Thank you for supporting Ohel Rahel!