



FRIENDS OF  
SIMON WIESENTHAL CENTER  
FOR HOLOCAUST STUDIES

**Mitzvah Scholarship Registration Form**

NAME \_\_\_\_\_

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CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUS PHONE \_\_\_\_\_

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DONATION AMOUNT \$ \_\_\_\_\_

**CREDIT CARD:**            **VISA**                            **MASTERCARD**                            **AMEX**

NAME ON CARD: \_\_\_\_\_

CARD # \_\_\_\_\_

EXP. DATE: \_\_\_\_\_

Email to [mitzvahscholar@fswc.ca](mailto:mitzvahscholar@fswc.ca)

Fax to 416-864-1083

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