

APPLICATION INSTRUCTIONS:

- Please complete all sections fully.
 - It's best to **fill this out on a computer** and print it afterwards for the Rabbi's signature.
 - If writing by hand, please write clearly.
 - Email your completed application to contact@tomcheishabbos.ca
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IMPORTANT:

- If you'd like to change/cancel your order, please try to let us know **at least 1 week in advance**.
The box labels are printed on Sunday and it's difficult to change anything once they've been printed.
- **The best way to contact us is by texting 647-560-4066.**
Alternatively, you can call and leave a message, or email contact@tomcheishabbos.ca.
- The preferred language for communication is **English**.
Requests in other languages will take longer to process as we send them out to get translated.

Thank you,

The Tomchei Shabbos Management Team



Tomchei Shabbos assists by providing food essentials to those in need who are Shomer Shabbos.

Office Use Only:

ID:

Started:

1. CONTACT INFORMATION

Address: _____ Apartment/Unit: _____ Buzzer: _____
 Home #: (____) _____ - _____ Cell #: (____) _____ - _____ Cell #: (____) _____ - _____
 Email: _____ Language: English | Hebrew | Yiddish | Russian
 Other: _____
 Shul/Synagogue: _____
 Delivery instructions for driver: _____

2. HOUSEHOLD

Include everyone living at this address. Use a second page if needed.

First name	Last name	Gender	Date of birth	Current employment or school

3. FOOD PRODUCTS

Check the items you'd like to receive.

Potatoes | Onions | Cucumbers | Tomatoes | Carrots | Zucchini | Rice | Pasta
 Bananas | Apples | Oranges | Yogurt (32 oz) | Cooked Gefilte Fish (frozen)

Specify the amount needed. We will do our best to accommodate you.

Milk (1 Litre, 2%) _____ Whole Chicken _____ Dozen Eggs _____ Challah _____ Bread _____ Bilkas _____
 Special requests: _____ Do not want: _____

4. RABBI'S SIGNATURE

By signing this document I certify that:

- 1) I have checked & verified that this applicant is Shomer Shabbos.
- 2) Based on my knowledge they require food assistance.

על ידי חתימתי על מסמך זה אני מאשר שבדקתי את המבקש הנ"ל והוא שומר שבת על פי ההלכה

Rabbi's Name: _____

Rabbi's Email: _____ Phone: (____) _____ - _____

Rabbi's Signature: _____ Date: _____