

Community Synagogue
Mitzvah Project

Name _____

Date of Bar/Bat Mitzvah _____

Mitzvah Project Information:

Name of Organization: _____

Address _____

Contact Person _____

Phone Number _____

E-mail _____

Website _____

What is the organizations purpose?

Name of Mitzvah you fulfilled and where it is found in the
Torah _____

(See Mitzvah list in the Bar/Bat Mitzvah packet for guidance)

Why did you choose this Mitzvah project?

Part II

Name _____

What I learned(found meaningful) about doing this mitzvah project:

What I plan to do in the future to fulfill this mitzvah

How I brought this Mitzvah into the service:

How I brought this Mitzvah into my celebration:

Parent signature _____ Date _____

Student signature _____ Date _____

All mitzvah projects need to be submitted to the Religious School office at least two weeks prior to your bar/bat mitzvah.