



Payment by Credit Card

Return Completed Form to:

White & Katzman, 111 Roberts St., Suite G-1, East Hartford, CT 06108-3666

NAME (Please print):	Date

I authorize Farmington Valley Jewish Congregation – Emek Shalom to charge my payments directly to the credit/debit card listed below. This Authorization is valid until I provide written cancellation.

Bill my credit card for: VISA or MasterCard (American Express is not accepted at this time.)

Number of payments (1, 2, or 4)	1 2 or 4 (circle one)
Membership	\$
Voluntary Dues	\$
Tuition Full payment required at registration	\$
Building Fund	\$
Transaction Fee Help us cover the cost of credit card fees with this optional one-time \$18 contribution	\$
TOTAL AUTHORIZED	\$
High Holiday Silent Appeal To be paid via single payment following Yom Kippur)	Amount will be pledged at High Holidays (initial here _____)

Credit/Debit Card Account Number	
Name on Card (exactly as it appears)	
Expiration Date (MM/YY)	
Security Code (3 digits)	
Billing Address for card	
Signature	