

Kemp Mill Synagogue

**If paying by credit card, please fill out below.**

I would like to pay \$ \_\_\_\_\_, using my credit card – deducted as one payment.

**OR**

I would like to pay a total of \$ \_\_\_\_\_, on a monthly basis with \$ \_\_\_\_\_ being deducted for \_\_\_\_\_ months. **Please choose one of the following:**

Process this transaction between the 1<sup>st</sup> and 14<sup>th</sup> of the month

Process this transaction between the 15<sup>th</sup> and the end of the month

**Check card using for payment.**

Visa **(for amounts in excess of \$100 only)**

Master Card **(for amounts in excess of \$100 only)**

American Express **(for amounts in excess of \$5,000 only)**

Name on Card: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Amount to be charged: \$ \_\_\_\_\_

Signature: \_\_\_\_\_