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Congregation Tzemach Tzedek Lubavitch of Monsey
PO Box 770
Monsey, NY 10952

CREDIT CARD PAYMENT FORM

Please print very neatly and complete all fields and fax to 845-362-4827.

Contributor Information:

First Name: _____ Last Name: _____

Email: _____ Phone (cell): _____ Phone 2: _____

Address: _____

City: _____ State: _____ Zip: _____

Billing Information:

Full Name on Credit Card: _____

Address (if same as above, leave blank): _____

City: _____ State: _____ Zip: _____

Card Number: _____ 3 or 4 Digit Security # (CVV): _____

Card Expiration Date (mm/yy): _____ Amount: \$ _____

Would you like this to be a **recurring contribution** or a **one-time gift**? (please circle)

If it is a recurring gift: What day or time of the month do you prefer that we process the charge? _____

If it is a recurring gift: What month would you like us to stop charging or will you notify us at that point? _____

Please specify what this payment is for:

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Membership Dues | <input type="checkbox"/> Aliya Pledge | <input type="checkbox"/> Kiddush |
| <input type="checkbox"/> Shalosh Seudos | <input type="checkbox"/> Mikvah Dues | <input type="checkbox"/> Tishrei |
| <input type="checkbox"/> Building Campaign | <input type="checkbox"/> Rabbi Campaign | <input type="checkbox"/> Dedication |
| <input type="checkbox"/> Appeal | <input type="checkbox"/> General Contribution | |
| <input type="checkbox"/> Other - Please explain: _____ | | |

Comments: _____

All contributions to Congregation Tzemach Tzedek are tax deductible.