

CONGREGATION BET HAVERIM/JEWISH FELLOWSHIP OF DAVIS

Credit Card Contract Authorization

Fiscal Year July 2008 – June 2009

Please submit this form to give us the most recent and accurate credit card information,
in accordance with your 2008-2009 Partnership Form

I authorize Congregation Bet Haverim to allocate my funds as follows:

Name (on card): _____

Visa/Mastercard #: _____

Expiration Date : _____ Billing Address: _____

Total Amount to Withdraw for 2008-2009
(Combination of the funds listed below) _____

Division of Funds

Building Fund _____

Capital Campaign _____

Religious School _____

Other _____

Date and frequency amount to be allocated (**check one date/frequency**):

1st: _____ 15th: _____

Monthly: _____ Quarterly: _____ Semi Annual: _____ Annually: _____
Quarterly: Oct, Jan, and April Semi Annual: Dec

Special Instructions: _____

Member Signature: _____ Date: _____