

PAYMENT METHOD FORM for 2010-2011 Religious School

Date Received: _____

Payment Enclosed: _____

Name of Parent/Member: _____

Home Address: _____

Phone: _____

City, St, Zip _____

Option A: I wish to pay by Credit Card.

Name as it appears on Credit Card: _____

Circle one: **American Express** **Discover** **MasterCard** **Visa**

Credit Card Number: _____

Expiration Date: Month (01-12) _____ Year (2010-2013) _____

I authorize Beth El Hebrew Congregation to charge my credit card automatically for Religious School Tuition and Fees.

Payment # 1 - July 16, 2010 \$ _____ Payment # 2 - August 13, 2010 \$ _____

Signature of Credit Card Holder _____ Date: _____

Option B: I wish to pay by check.

Attached is my payment in the amount of \$ _____ .

I understand the balance of \$ _____ is due on August 13, 2010.

Signature _____ Date: _____

Option D: I wish to make an Alternate Financial Arrangement

I can not pay in two installments. I will contact Moshe Teichman, Executive Director, by July 16, 2010, to make an alternative financial arrangement.

Signature _____ Date: _____

NOTE: PLEASE COMPLETE TUITION AND FEE FORM