



**Temple Beth David**  
**2016-17 Credit Card Payment Authorization [Please Print]**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone (     )** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_

Please charge my VISA/MC credit card \$\_\_\_\_\_ monthly/quarterly to pay my Temple Beth David pledge.

**NOTE:** Your credit card will be charged between the 1<sup>st</sup> and 10<sup>th</sup> of the month in which the payment is due.

**Credit card #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Exp.** \_\_\_\_\_

**Signature** \_\_\_\_\_ **CVD #** \_\_\_\_\_

(3-digit security code on back of card)

Return with Membership Forms to: Temple **Beth David**, 6100 Hefley Street, Westminster, CA 92683-2976; (714) 892-6623