

2011-2012 Payment Form

 New Member

 Renewal


Member's Names: _____

Telephone: _____ Telephone: _____

Email Address: _____ Email Address: _____

Temple Dues: \$ _____

Religious School: Child 1 - Grade _____ \$ _____

Child 2 - Grade _____ \$ _____

Child 3 - Grade _____ \$ _____

◆ *Optional Sunday Childcare from 11am to noon - \$200.00* \$ _____

Does your child attend a Hebrew Day School? _____

Name of School: _____

Growth Fund: \$ _____

High Holy Day Appeal: \$ _____

Bar/Bat Mitzvah Fee if before 7/1/12 – Date: _____ \$ _____

(Must be paid in full with all other dues, fees and tuition 2 months before Bar/Bat Mitzvah)

Building Maintenance & Repair Fee: \$ _____

High Holy Day upgrades & additional seats *(See reverse side)*: \$ _____

Student Tickets (8th grade through college) list on reverse side: #*(no charge)* _____

Other: _____ \$ _____

Total: \$ _____

PLEASE SELECT A PAYMENT PLAN AND COMPLETE THE APPROPRIATE SECTION

Payment in Full: A check for _____ is enclosed.

50% Now and 50% by December 31st: A check for _____ is enclosed and the balance of _____ will be paid by December 31st, 2011.

Monthly payments as indicated below: A check for my first payment of _____ *(must be at least 20% of bill)* is enclosed. Monthly payments as indicated below must begin this month and end no later than the June, 2012 payment.

Indicate below your requested payments:

June 11 _____ Sept 11 _____ Dec 11 _____ Mar 12 _____

July 11 _____ Oct 11 _____ Jan 12 _____ Apr 12 _____

Aug 11 _____ Nov 11 _____ Feb 12 _____ May 12 _____

Jun 12 _____

I agree to the payment plan indicated above and understand that all payments are due on the 1st of each month and become past due on the 10th. This agreement is subject to acceptance by Temple Beth Am.

Member's Signature: _____ Date: _____

High Holy Day Upgrade & Additional Ticket Form

_____ Additional Sanctuary Service Tickets @ \$200.00 each for Temple affiliated family members (*must show proof*).
List Names: _____ \$ _____

_____ Additional Sanctuary Service Tickets @ \$350.00 each for NON-affiliated family members.
List Names: _____ \$ _____

_____ Sanctuary Upgrades @ \$300.00 each (Seat _____) \$ _____
_____ Mezzanine Upgrades @ \$225.00 each (Seat _____) \$ _____

_____ Additional Tickets for Students in 8th Grade through College: **NO CHARGE**
List Names & School Grades: _____

_____ Additional Sanctuary Service Tickets For Students 7th Grade & Below @ \$100.00 each \$ _____
List Names & School Grades: _____

_____ Additional Parallel Service Tickets For Adults @ \$125 each (*List Names*) \$ _____
List Names: _____

_____ Additional Parallel Service Tickets For Children Under 18 (Non-Member) @ \$25 each \$ _____
List Names & School Grades: _____

Transfer This Amount to Page 1 **TOTAL** \$ _____

Please note that the entire High Holy Day ticket cost must be paid in full prior to the release of the tickets in addition to a proportional amount of membership dues and other fees.

CREDIT CARD AUTHORIZATION

I (We) hereby authorize Temple Beth Am, Margate, Florida to charge my (our) Credit Card for Dues, Religious School-related fees, Bar/Bat Mitzvah Fees, Growth Fund, and any miscellaneous fees. I (We) choose the following payment options according to my (our) payment plan:

In Full / Half at time of renewal and the Balance on December 31, 2011 / Monthly Payments

MasterCard

Visa

American Express

Discover

Name as it appears on your Credit Card: _____

Credit Card Number: _____ Expires: _____

Telephone Number: _____ E-Mail: _____

Signature: _____ Date: _____

PLEASE NOTE: *Paying by credit card costs Temple Beth Am 3% in processing fees. We do accept credit cards for your convenience. Please help us defray the additional cost to the Temple by checking "YES" below.*

❖ *Please add an additional 3% tax deductible contribution to my bill.* YES NO

Signature: _____ Date: _____

(You will receive monthly bills. Your Credit Card statement is your receipt. A statement acknowledging your contributions for tax purposes will be mailed at year-end.)