

# Congregation Or Shalom Payment Schedule/Method

*PLEASE FILL OUT AND RETURN THIS PAGE TO THE OFFICE AT YOUR EARLIEST CONVENIENCE*

Please print clearly, and mail this form back to the office with your payment. If you pay via the web, you only need to select a payment schedule.

NAME \_\_\_\_\_

### Payment Schedule

(Check One)

- 1. Full Payment by July 31, 2008 (subtract \$50.00)
- 2. Half Payment by July 31, 2008, Half Payment by October 31, 2008 (subtract \$25.00)
- 3. Ten equal monthly payments beginning July 2008 through April 2009
- 4. Other (please specify and note it cannot be less than 10 equal payments):

---

### Payment Method

(Check One)

- 1. Check: Amount enclosed: \$ \_\_\_\_\_
- 2. Credit Card: to be paid (please check one):  via the web site;  office to process  
(note: we now have a \$18 min charge for credit cards) (www.orshalomct.org)
- MasterCard  Visa  American Express Amount :\$ \_\_\_\_\_

Account # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ CVV # \_\_\_\_\_  
(4 digits for AMEX)

Name as it appears on Credit Card: \_\_\_\_\_

Street/Billing Address for Credit Card: \_\_\_\_\_

City/State/Zip for Credit Card: \_\_\_\_\_

---

### Authorization for Recurring Billing

Please charge my credit card, noted above, per the schedule indicated in the Payment Schedule section of this form. I understand that I must select dues payments to be complete by April 2009 and tuition by February 2009.

X \_\_\_\_\_  
Signature authorizing credit card payment

Date \_\_\_\_\_

Print Name: \_\_\_\_\_