

# ALUMNI BAIS MEDRASH

Harav Yitzchok Celnik, Rav

280 Main Avenue

Passaic, NJ 07055

## CREDIT CARD AUTHORIZATION FORM

First Name/Last Name (as appears on card) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of card:  Visa  MasterCard  American Express

Card Number: \_\_\_\_\_

Expiration Date : \_\_\_\_\_ (MM/YY) Security Code (CVV): \_\_\_\_\_

I hereby authorize Alumni Bais Medrash to charge to my credit card listed above (check one):

\$850 Annually

\$212.50 Quarterly

\$62.50 Monthly + \$25 Quarterly

One time charge of \$ \_\_\_\_\_

Other Amount \_\_\_\_\_

These charges should be applied to: (check one)

Membership dues  Adopt A Kollel  Building fund

Other (please specify) \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return this completed form to Pinny Goldsmith at [pinnygoldsmith@gmail.com](mailto:pinnygoldsmith@gmail.com), drop it off or mail to 288 Pennington Ave.

**Mailing address • 288 Pennington Avenue • Passaic, NJ • 07055**