



# Temple Ohabei Shalom

1187 Beacon St, Brookline, MA 02446-5441

Member # \_\_\_\_\_

## Payment / Donation Form

Date: \_\_\_\_\_

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

Address: \_\_\_\_\_  
Street City State Zip

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





<u>Fund Name</u>	<u>In Honor/Memory Of</u>	<u>Amount</u>
General Fund .....		\$ _____ . _____
Sanctuary Fund .....		\$ _____ . _____
Building Fund .....		\$ _____ . _____
Circle of Giving Fund .....		\$ _____ . _____
Music and Worship Fund .....		\$ _____ . _____
Sisterhood .....		\$ _____ . _____
Brotherhood .....		\$ _____ . _____
Flower & Kiddush Sponsorship .....		\$ _____ . _____
Minyan Fund .....		\$ _____ . _____
Other _____		\$ _____ . _____

Total Payment/Donation \$ \_\_\_\_\_ . \_\_\_\_\_

**Check** (Payable to Temple Ohabei Shalom) Check No. \_\_\_\_\_ Check Date \_\_\_\_\_

**Credit Card Payment Information** (A 3% Administrative Fee is applied to each Credit Card Payment.)

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name (on the card): \_\_\_\_\_ CSV: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

**Checking/Savings Account Information** (A 2% Administrative Fee is applied to each ACH Payment.)

This authorizes Temple Ohabei Shalom to initiate debits to the Checking/Savings Account listed below, and acknowledges that the origination of Automatic Clearinghouse (ACH) transactions must comply with the provisions of US law.

Bank Name \_\_\_\_\_

Account # \_\_\_\_\_ ABA Routing # \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_