



Rabbi-Cantor Didi Thomas
Marianne Rotstein, President

CREDIT CARD AUTHORIZATION FORM

I HEREBY AUTHORIZE THE USE OF MY CREDIT CARD IN THE AMOUNT OF:

\$ _____

CARD #: _____ MASTERCARD _____

VISA _____ AMEX _____ SECURITY CODE: _____

CARD EXPIRATION DATE: MONTH/YEAR _____

CARDHOLDER COMPLETE ALL FIELDS BELOW.

BUSINESS NAME (IF APPLICABLE): _____

FULL NAME (AS IT APPEARS ON THE CARD): _____

BILLING ADDRESS (ADDRESS WHERE STATEMENT IS MAILED): _____

CITY: _____ STATE: _____ ZIP CODE: _____

AREA CODE/PHONE (_____) _____ EMAIL: _____

I _____ (PRINT CARDHOLDER'S NAME) HEREBY CONFIRM
THE ABOVE TRANSACTION IS AUTHORIZED.

CARDHOLDER'S SIGNATURE: _____

DATE SIGNED: _____

Mailing Address: P.O. Box 1324, Torrance, California, 90505

Temple Emet, 2051 W. 236th Street, Torrance, CA 90501

Phone: (310)316.3322 • Email: info@TempleEmet.org • Website: www.TempleEmet.org

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