

YOUNG ISRAEL OF SKOKIE
Payment Form
5779 / 2018-2019

בס"ד

Name: _____

Please check all appropriate boxes

	<u>Rate</u>	<u>Total</u>
<input type="checkbox"/> Life Member	\$36,000	_____
<input type="checkbox"/> Pillar of Young Israel	\$5,000	_____
<input type="checkbox"/> Sustaining member	\$3,000	_____
<input type="checkbox"/> Family membership (50% off for First Year - \$800)	\$1,600	_____
<input type="checkbox"/> Single membership (50% off for First Year - \$400)	\$800	_____
<input type="checkbox"/> Associate membership (Does not include High Holiday seating or voting privileges)	\$300	_____
<input type="checkbox"/> Guest seats for out-of-town family or friends _____ Guests @ \$150 each		_____
<input type="checkbox"/> Babysitting _____ @ \$15 per child per ____ days		_____
_____ @ \$30 per child for all 3 days		_____
<input type="checkbox"/> Building Fund - Obligation, Donations & Sponsorships		_____
<input type="checkbox"/> Memorial Book (please attach form)		_____
Total Due		=====

Method of Payment

- | | |
|---|--|
| <input type="checkbox"/> Payment in full
or | <input type="radio"/> Checks Enclosed |
| <input type="checkbox"/> 3 Monthly Payments
or | <input type="radio"/> Credit Card Payments |
| <input type="checkbox"/> 5 Monthly Payments | <input type="radio"/> Discover <input type="radio"/> Visa <input type="radio"/> MasterCard |

Card No. _____ Code _____ Exp. Date _____ / _____

Signature _____ Date _____

For any other financial arrangement, please contact Danny Weiss
 Phone 847-675-1485 (home) or email dhwzoo@sbcglobal.net