



TELEPHONE (818) 360-1881
FAX (818) 363 -8799
www.trz.org

17655 DEVONSHIRE STREET
NORTHRIDGE, CALIFORNIA 91325

AUTOMATIC CREDIT CARD PAYMENT AUTHORIZATION

LAST NAME _____ FIRST NAME _____

ADDRESS _____ HOME PHONE _____

CITY _____ ZIP _____

BUSINESS PHONE/CELL PHONE _____

TOTAL PAYMENT FOR FISCAL YEAR 2009/2010 \$ _____

PLEASE CHARGE MY VISA/MASTERCARD (CIRCLE ONE) \$ _____ EACH MONTH

STARTING _____ AND CONTINUING UNTIL THE BALANCE IS PAID ON 4/30/10.

VISA/MASTERCARD # _____ EXP. DATE _____

I HEREBY AUTHORIZE TEMPLE RAMAT ZION TO CHARGE MY ACCOUNT MONTHLY FOR THE AMOUNT INDICATED ABOVE.

SIGNATURE _____ DATE _____

FOR HELP, PLEASE CALL OUR OFFICE AT (818) 360-1881.