

**ACTORS TEMPLE**  
**Congregation Ezrath Israel**

Credit/Debit Card Payment Form

Please use this form to provide your credit or debit card information to the Actors' Temple for the purpose of paying for membership dues, tickets for High Holidays, Passover, or other special event, Hebrew School tuition and fees, to make a donation, or for any other purpose.

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

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

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

Cell: \_\_\_\_\_

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

What are you paying for: \_\_\_\_\_

Card Type: \_\_\_\_\_ Credit or Debit: \_\_\_\_\_

Card Number: \_\_\_\_\_ Security Code: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ PIN #: \_\_\_\_\_

Amount to charge: \_\_\_\_\_

Kindly print this form, fill it out, and fax it back to us at 212-586-3025, or mail it back to us at The Actors' Temple, PO Box 2620, New York, NY 10108. You may also call our office and provide this information verbally.

Please **do not** send credit/debit card info by **e-mail**, because it's not sufficiently secure.

Please **do not** put credit/debit card info onto **any other document** you send to us, such as a membership application form, Hebrew School registration form, ticket order, etc. This enables us to keep those forms and their valuable information easily at hand, while keeping this form separate, in a more secure place.