



**Choose a billing option:** (please circle one)

<u>1.</u> Annual Payment in one (1) installment. Due July 1 Payment may be made by check or by credit card	<u>2.</u> Semi-Annual Payments made in two (2) equal installments. Due July 1 & Jan 1 Payment may be made by check or by credit card	<u>3.</u> Monthly by Credit Card 25 % due July 1. Balance due paid in equal monthly installments starting August 1. Ending final installment March 1
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**Choose a payment option:** (please check one and fill in the information)

**Credit Card:** (circle one)      MasterCard    Discover    VISA    American Express

Name \_\_\_\_\_ on \_\_\_\_\_ Card \_\_\_\_\_

\_\_\_\_\_ Card      Number \_\_\_\_\_

\_\_\_\_\_ Expiration Date      / \_\_\_\_\_

CVV2# (Back/front of credit card-signature line-last three numbers) \_\_\_\_\_

Billing address for credit card \_\_\_\_\_

I authorize my credit card to be charge in the amounts & on the dates provided above.

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Special Arrangements:** None of the options fit my circumstances. I wish to make special payment arrangements.  
Please attach a sheet with your proposed payment arrangement.

**Please choose one of the automatic payments if possible**

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**Please return this Commitment Form to B'nai Tikvah at your earliest convenience.**  
**Membership dues and forms are due March 1st.**  
**Thank you in advance for your cooperation and your membership.**

As a member of Congregation B'nai Tikvah, I understand that I am making a full-year financial commitment to support the Congregation. I further understand that the Temple depends on this commitment, and I pledge to complete my financial obligation on or before December 31st. I understand that my obligations are binding and unconditional and that no portion of my obligations will be refunded/cancelled even in the event of absence or withdrawal from the Synagogue or Religious School without the express written approval of the Board of Directors. I understand that failure to pay an installment of my Obligations, as and when due, permits B'nai Tikvah, in its sole discretion, to suspend or terminate Religious School or B'nai Mitzvah instruction of my children.

Signature \_\_\_\_\_ Date \_\_\_\_\_

***Thank you for your involvement, your commitment, and your support.***

**Please return this form to:**  
**Congregation B'nai Tikvah - P.O. Box 926, Vista, CA 92085**  
**Or Fax to: 760 729-1997**

**Photo Release:**

- I DO give permission for my family or family member's photos to be used in promotional materials or press releases.  
 I DO NOT give permission for my family or family member's photos to be used in promotional materials or press releases.

Congregation B'nai Tikvah – 2510 Gateway Road, Carlsbad, California 92009; Phone:760-650-2262  
[www.bnaitikvahsd.com](http://www.bnaitikvahsd.com)