



# Pledge/Payment Form

## Khal Ahavas Yisroel Tzemach Tzedek

### Donor Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
E-Mail	

### Pledge/Payment Information

I (we) pledge/would like to pay a total of \$\_\_\_\_\_ to be paid:  
\_\_\_\_ now \_\_\_\_ monthly \_\_\_\_ quarterly \_\_\_\_ yearly.

I (we) plan to make this contribution in the form of:  
\_\_\_\_ cash \_\_\_\_ check \_\_\_\_ credit card \_\_\_\_ other.

Credit card type (Visa, MC, Discover)	
Credit card number	
Expiration date	
Authorized signature	
CVV	

### Information

If a payment is being submitted, please list what is being paid (entire outstanding balance/membership/ aliyyos/ sponsorships/ Ner LaMaor/ etc.):

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Signature(s)
Date

Please make checks payable to Khal Ahavas Yisroel Tzemach Tzedek and submit form: via email to [office@kaytt.org](mailto:office@kaytt.org) , by mail to 6811 Park Heights, Baltimore, MD 21215 or leave in the shul office mail slot.