



Payment Form

Please complete the following and return it with your payment so that your account is credited accurately.

Name: _____

Phone: _____

Date: _____

Billed Accounts:

- #100 Membership Dues _____
- #300 Capital Assessment _____
- #320 Duplex Assessment _____
- #800 Youth Ed. Tuition _____

Billed Accounts Subtotal = _____

I would also like to donate to the following funds:

- #200 General Donations _____
- #205 TBO College Gift Fund _____
- #209 Montefiore Endowment Fund _____
- #225 Rabbi Discretionary Fund _____
- #229 Scholarship Fund _____
- #233 Tzedakah Fund _____
- #235 Youth Group (BOTY) _____
- #237 Bereavement Fund _____
- #257 Sturman Campership _____

Donations Subtotal = _____

Total Payment Enclosed:

Comments: