



MAIN LINE REFORM TEMPLE BETH ELOHIM ♦ 2018/2019 PAYMENT FORM

410 MONTGOMERY AVENUE ♦ WYNNEWOOD ♦ PENNSYLVANIA ♦ 19096 ♦ 610-649-7800 ♦ 610-642-6338 FAX ♦ forms@MLRT.org ♦ www.MLRT.org

Family Name: _____

Family ID# _____

SECTION A (May be included in a payment plan)

- 1. Membership Commitment (insert circled amount) \$ _____
- 2. Voluntary Contribution (in excess of dues) \$ _____
- 3. Temple Guardians (see Membership Brochure) \$ _____
- 4. Religious School Tuition \$ _____

SECTION B (MUST be added to first payment)

- 5. Annual Security Fee (Required) \$ 150.00
- 6. Guest Tickets (\$100 each) \$ _____
- 7. Book of Remembrance \$ _____
- 8. Sisterhood Dues - WRJ (\$45) \$ _____
- 9. Brotherhood Dues - MRJ (\$45) \$ _____
- 10. ARZA (\$50) \$ _____

Sub-Total: \$ _____

11. My signature evidences my agreement to pay all amounts due:

Signature Required _____

MLRT has the right to charge reasonable collection and attorney fees for failure to pay in a timely fashion.

[Office use only]:

Required 2.6% Credit Card processing fee \$ _____
(added to first payment)

TOTAL DUE: \$ _____

PAYMENT OPTIONS Choose Option

Option A Payment in full (due with Membership Forms)

**** Make checks payable to Main Line Reform Temple or MLRT ****

INSTALLMENT PLANS - AVAILABLE ONLY AS CREDIT CARD PAYMENT

"SECTION B" MUST BE INCLUDED IN FIRST PAYMENT

Option B 2 Payments: Payments: **Jul 1 & Jan 1**

Option C 4 Payments: Payments: **Jul 1; Oct 1; Jan 1; Apr 1**

Option D 8 Payments: Payments: **Jul 1** then monthly **Sept 1 – Mar 1**

CREDIT CARD INFORMATION: (PLEASE PRINT CLEARLY)

___ Visa ___ MasterCard ___ AMEX ___ Discover

Name as it appears on Card _____

Card # _____ Exp. Date _____

CVV2 _____ (security code)

Billing Address: _____

* I authorize my card to be billed: _____

Signature

If paying by STOCK, please indicate the following:

Name of stock: _____

No. of shares: _____ Expected date of transfer: _____

Broker & Contact Info: _____