



**Mikvah Emunah Society
New Yitzchak Wallerstein Mikvah**

Credit Card Authorization Form

I hereby authorize the Mikvah Emunah Society to charge my credit card monthly in payment of my pledge as follows:

\$_____ per month for a total of \$_____

I also authorize the Mikvah Emunah Society to send me receipts for tax purposes via email at the below email address.

(Note: emailed receipts are the only form of receipt available for monthly credit card payments.)

Circle one: VISA Mastercard Discover American Express

Card number: _____ EXP: _____

Name:

Street Address:

Phone:

Email:

Signature: _____ Date: _____

Return form:

***By Fax:* 301-754-3856**

***By Mail:* Mikvah Emunah Society**

8639B 16th Street, Suite 185, Silver Spring, MD 20910