



Jewel Form 2023-2024/5783-5784

Donor Information

Name	
Billing address	
City	
State	
ZIP Code	
Telephone	
E-Mail	

Jewel Information (Please Circle One)



___ Check (amount paid in full to Temple Torat Emet)

___ Credit card to be charged (Including the 3% convenience fee: Diamond \$1030, Pearl \$556.20, Emerald \$370.80, Sapphire \$278.10, Ruby \$185.40)

Credit card type	
Credit card number	
Expiration date	
Security Code	
Authorized signature	

Acknowledgement Information

Please use the following name(s) in all acknowledgements: Weekly Shabbat Bulletin, and the Tekiah.

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___ I (we) wish to have our donation remain anonymous.

Signature(s)
Date