



514 Main Street
Haverhill, MA 01830
978-373-3861
www.TempleEmanu-El.Org

Credit Card Payment Authorization

Name as it appears on Credit Card: _____

Credit Card Type (check one): Discover MasterCard Visa

Credit Card Number: _____

Credit Card Expiration Date: _____

Charge my credit card: \$ _____

This charge is for: _____

Signature of Credit Card Holder: _____

Date: _____

NON- MEMBER INFORMATION

Mailing address:

Telephone Number: _____