



CONGREGATION B'NAI TIKVAH
1558 WILMOT ROAD
DEERFIELD, IL 60015

**BT Bucks
Credit Card Payment Form**

Visa/MasterCard Usage Authorization Form

\$100 minimum order for credit card charges

(Please print)

NAME: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

_____ Use my credit card to pay my charges in full when I order any BT Bucks.

_____ Use my credit card to pay \$ _____ for this BT Bucks order.

The Synagogue incurs a 2% processing fee for all credit card charges, amounting to approximately \$15,000 this fiscal year. If you do use your credit card, we would appreciate an additional donation to help defray these costs.

If you choose to make this type of donation, how much would you like to donate? \$_____

VISA or M/C # _____ - _____ - _____ - _____

Expiration Date ____ / ____ / ____ Signature: _____