



CAMP JCA SHALOM PAYMENT FORM

Date: ___ / ___ / ___

CAMPER(S) NAME: _____ SESSION (S): _____
 NAME: _____ SESSION (S): _____
 NAME: _____ SESSION (S): _____

PARENT(S) NAME(S): _____

CELL PHONE: _____ HOME PHONE: _____

TOTAL AMOUNT DUE FOR CAMPER(S): \$ _____

Payment options..... Please check one of the following:

- I would like to pay the full balance now. (Please enter CC Info OR enclose a check)
- Please charge my credit/ debit card on the _____ day of each month in the amount of _____ **(BALANCE MUST BE PAID NO LATER THAN JUNE 1, 2010).**

CHECK OR MONEY ORDER

Payable to "CAMP JCA SHALOM"

- Enclosed is a check for my balance. PLEASE note that checks are not accepted for a payment plan. We do, however, accept check cards.

CREDIT CARD INFORMATION

MasterCard or Visa

- Please charge my credit card for my balance.

Please enter your credit card information below:

VISA or MASTERCARD #: _____ - _____ - _____ - _____ EXP DATE: ___ / ___

NAME AS IT APPEARS ON CARD: _____

SIGNATURE: _____

PLEASE FAX PAYMENT FORM TO: 818-889-5132