



**Camp Emeth 2012
Payment Options**

Name of Parents &
Camper(s): _____

Option 1 – Full Payment

- _____ Payment in full by check enclosed
 - _____ Charge my MC/Visa/American Express/Discover card for full payment
- PLEASE INDICATE DATE OF FULL PAYMENT ON PAYMENT SCHEDULE
BELOW – Anytime prior to May 15, 2012**

Option 2 – Scheduled Payment Options

- _____ By credit card (MC/Visa/American Express/Discover) on or around the 10th of the month.
- _____ By automatic checking account withdrawal please attach a blank voided check payments will be withdrawn on or around the 10th of the month.

Credit Card Authorization Form		
I (We) authorize Congregation Shaare Emeth (Camp Emeth) to initiate charges as shown above, on the Master Card/Visa/American Express/Discover account indicated. This authority will remain in effect until our Camp Emeth account is paid in full, no later than May 15, 2012.		
Credit Card Number (please include 3 digit secure key)	Expiration Date	
Authorized Signature	(Print) Last Name	First Name

Questions about your payment may be made to:
 Vilma Phillips - 314-692-5307 – vphillips@shaare-emeth.org
 Amy Murray – 314-692-5306 – amurray@shaare-emeth.org

PAYMENT SCHEDULE

Remaining balance **AFTER** \$150.00 non-refundable deposit, divided by number of payments (4 possible) taken monthly through May 15, 2012.

February 10, 2012	\$ _____
March 10, 2012	\$ _____
April 10, 2012	\$ _____
Final Payment May 15, 2012	\$ _____

Thank You!