

Torah Day School of Ottawa

Chai Club



Participant Form

Name: _____

Address: _____

Phone: _____

Email: _____

Payment Information

_____ I would like to pay one annual sum of \$216
 Paid by cheque
 Paid by credit card

_____ I would like to pay \$18 each month
 Paid by 12 monthly cheques
 Paid by credit card

Credit Card Information

Credit Card Number

Expiry Date _____

CVV (number on back of card) _____

Please state how you would like to be publicly recognized (e.g. Mr. & Mrs. Smith, The Smith Family, etc)

Is this donation in honour of/ in memory of/ in celebration of someone? ____ No ____ Yes

Name: _____