

Torah Fund Campaign of Women's League for Conservative Judaism Charge Form

To ensure that your Sisterhood and our PSW Region receive proper credit, please send this form to our PSW office and keep a copy for your records.

Date: _____

Sisterhood/WL & Location: _____

Donor's Name: _____ Donor's Phone: _____
Please Print

Donor's Address: _____ City, State, Zip: _____

Card # _____ Exp. Date: _____
☐ MasterCard ☐ Visa ☐ Discover ☐ American Express

Total Amount - Torah Fund Campaign = \$ _____

I wish to make _____ payments. Please charge my card \$ _____ in the months of _____

Donor's Signature: _____

Torah Fund VP/Chair: _____ Phone: _____

Please mail to: PSW - Women's League for Conservative Judaism
15600 Mulholland Drive Bel Air, CA 90077

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