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GENERAL INFORMATION

PERSONAL INFORMATION			
Name:			
Home Address:			
City, Prov., PC:			
Home Phone:		Email:	
□ I wish to continue receiving emails from CMT, please subscribe me to CMT's email list			
PAYMENT INFORMATION			
Enclosed please fi	Enclosed please find my payment for my CMT membership - \$1,200 per family (includes High Holiday seats)		
 Enclosed please find my payment for my CMT membership - \$1000 per family (includes High Holiday seats) *Seniors 65+ 			
Enclosed please find my payment for my CMT membership - \$480 per family (includes High Holiday seats) *60% discount for current Daycare/Hebrew School families only			
Enclosed please find my payment payable to CMT for High Holiday seats - \$360 per family			
Please charge my credit card D Visa D M/C D AMEX in the amount of: \$			
Card #		Exp. Date / CVV:	
Signature:		Date:	
PAYMENT SCHEDUL	E		
I wish to make these membership payments:			
🗆 Annually	1 payment of \$_	: September 2024	
□ Semi-Annually	2 payments of \$: September & December 2024	
Quarterly	4 payments of \$: September & December 2024 – March & May 2025	
Enclosed please find post-dated cheques payable to: Chabad of Midtown (1344 Bathurst St Toronto, ON M5R3H7)			
□ Please charge my c	redit card (above)		

Signature: _____ Date: _____