



EAST MELBOURNE HEBREW CONGREGATION
Melbourne City Synagogue

ABN 92 482 203 342

President: Mr Danny Segal

ALIYAH/OFFERING PAYMENT FORM

Thank you for your offering at the time of your aliyah.
 Please return the form with cheque or credit card details.

Name _____
 Address _____
 _____ Postcode _____
 Phone _____
 Email _____

Date of Aliyah/Offering: ___ ___/___ ___/2006

Amount Pledged \$ _____

Enclosed is my cheque payable to The East Melbourne Hebrew Congregation Inc
 (If paying from outside Australia, please do so by Credit Card, not foreign cheque.)

Please charge the amount of \$.....to my

Visa Mastercard

Card No:

Expiry Date: ___ ___/___ ___ Amount _____

Signature: _____

Cardholder's Name: _____

Please return to
 East Melbourne Synagogue
 488 Albert Street
 East Melbourne 3002

488 Albert Street, East Melbourne 3002
 tel: 9662 1372
 email: office@melbournecitysynagogue.com
 website: www.melbournecitysynagogue.com

Office Hours: Tuesday, Wednesday and Friday - 10am to 2pm