



Membership Application Donation Contribution

NOTE: Membership and Donations cannot be combined in one payment.

CONTACT INFO

Name _____
Email: _____
Phone _____ Cel _____
Street _____
City/Prov _____ Postal Code _____

MEMBERSHIP

Individual:

Number of memberships: _____ X \$10 each = _____

Family

\$25 each _____

Names of additional members:

Credit cards cannot be accepted for membership. Please make membership cheques payable to “Kol Halev Performance Society”, or make an e-transfer to kolhalevsocietymembership@gmail.com via your online banking. If you wish to use cash, please contact Sue Cohene. See mailing address below.

DONATION

Donation amount _____

A tax receipt is provided for amounts of \$30 or more.

Credit Card info (Credit cards can be used for donations over \$30.)

Visa MasterCard Number: _____

Cardholder name: _____

Expiry Date _____

We accept credit cards, cheques or cash for donations. Please make donation cheques payable to the Jewish Museum and Archives of BC. If using a credit card, send completed donation information to Sue Cohene via phone (604) 263-6844, fax (604) 263-6820 or mail to address below.

MAILING ADDRESS: Kol Halev, c/o Sue Cohene, 2785 West 31st Avenue, Vancouver, BC V6L 1Z9