



## Application for AES Retreat Financial Arrangements

For Internal Use ONLY	
Member ID:	_____
Total cost: \$	_____
Adjusted cost: \$	_____
Date:	_____
Executive Dir.:	_____ Admin Dir.: _____
Date Posted:	_____

Our goal is that no one will be turned away from the Community Retreat for financial reasons. All families must be Anshe Emet members in good standing and balances must be paid in full by the time of the retreat. We ask that all families make at least a minimal contribution towards the retreat. **The deadline to request financial assistance is April 6, 2022. All information is kept strictly confidential.**

For questions or concerns, please speak directly with Mimi Weisberg [mweisberg@ansheemet.org](mailto:mweisberg@ansheemet.org) or (773) 868-5123 or Max Handelman [mhandelman@ansheemet.org](mailto:mhandelman@ansheemet.org) or (773) 868-5121.

**PLEASE PRINT CLEARLY**

### A. Family Information

Adult 1: \_\_\_\_\_ Age: \_\_\_\_\_

Adult 2: \_\_\_\_\_ Age: \_\_\_\_\_

Child/teen: \_\_\_\_\_ Age: \_\_\_\_\_

Child/teen: \_\_\_\_\_ Age: \_\_\_\_\_

Child/teen: \_\_\_\_\_ Age: \_\_\_\_\_

Unaccompanied  
Teen Name (Teen Retreat): \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email 1: \_\_\_\_\_ Email 2: \_\_\_\_\_



The cost for the AES Retreat is **\$280/adult (18 and older)**, **\$150/child (aged 1 to 17)**, **\$175/Unaccompanied Teen** and **\$295/single room occupancy**. There will be a charge of \$50 for the request of an additional room. Based on these numbers, please provide your original total due for the retreat:

Original Total Due: \$ \_\_\_\_\_

I/We request our total charge for the Anshe Emet Community Retreat be \$ \_\_\_\_\_ payable on these terms:

**100% Payment Enclosed based on what was requested:**

- Check enclosed payable to Anshe Emet Synagogue
- Credit Card to be charged  
(Please fill-out the Credit Card Authorization Form on the last page)

**50% Payment Plan based on what was requested:**

- Check enclosed payable to Anshe Emet Synagogue in the amount of \$ \_\_\_\_\_  
(Balance must be paid in full by May 20, 2022 unless otherwise stated)
- Credit Card – 50% to be charged now and 50% on \_\_\_\_\_ )  
(Please fill-out the Credit Card Authorization Form on the last page)

**Personalized Payment Plan based on what was requested:**

- Check enclosed payable to Anshe Emet Synagogue in the amount of \$ \_\_\_\_\_
- Credit Card

Date	Amount
Initial Payment	
Payment Date #1	
Payment Date #2	



Visa  MasterCard (Anshe Emet does not accept Discover Card)

Today's Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code (3 digits on back of card): \_\_\_\_\_

I/We agree to make the payments listed on this payment plan form and charge them to my credit card. I/We understand that the payment plan above is subject to the approval of the synagogue.

Cardholder Signature: \_\_\_\_\_

**Please return this application to:**

Anshe Emet Synagogue  
Max Handelman  
3751 North Broadway  
Chicago, IL 60613-4014  
or [mhandelman@ansheemet.org](mailto:mhandelman@ansheemet.org)