



Name: _____

Date of Birth: _____ JCC Membership Number: _____

Email: _____ Phone: _____

Name of Gift Recipient: _____



5 forty five-minute sessions for ~~\$380~~ \$304 (save \$76!)
_____ # for self _____ # as gift for member

10 forty five-minute sessions for ~~\$735~~ \$588 (save \$147!)
_____ # for self _____ # as gift for member

_____ **Total amount owed**

How did you hear about this offer?

- Email
 - Social Media
 - JCC Website
 - Flyer/poster
- JCC Staff _____
- Other _____

- Therapist requested

- I am a new client
- Help me find a therapist

I wish to use the following method of payment:

- Check made payable to Kaplen JCC on the Palisades
- VISA
- MC
- AMEX
- Charge Card on File

CC Number: _____ Exp date : _____ CCV: _____

Name on card: _____ Signature: _____

Billing Address: _____ City, State, Zip : _____

I authorize the Kaplen JCC on the Palisades to charge the credit card indicated on this form. This is a one-time authorization that will be charged on or after 11.26.21 for the purchase of post clinical rehabilitative training sessions for the total amount indicated above.