



TO THE BOARD OF TRUSTEES:

I/we agree to abide by the financial policies of Temple Beth Shalom and such regulations as approved by its board of trustees. The temple's financial policy states that dues are due in full on July 1, 2024, and that the board may authorize installment payments when necessary. I/we understand that the option to pay dues in installments is an accommodation and selection of the installment option does not relieve me/us of the obligation to pay my/our full dues pledge.

While our dues levels have remained unchanged since FY2017, all of our operating costs have risen over that same time period. We **ask you to consider a voluntary 5% increase in your dues commitment**. Your generosity will help keep our synagogue financially secure and is greatly appreciated.

Benefactors			Families and Singles		Young Adults and Seniors on a Limited Income
Ner Tamid	Chai	Shalom	Sustaining	Good Faith	
\$5,500	\$4,500	\$3,900	\$2,500	\$1,800	\$1,000
\$5,775	\$4,725	\$4,095	\$2,625	\$1,890	\$1,050

Red amounts above calculate the dues amount with a 5% increase.

Name: _____ Phone: _____ Email: _____

Dues Commitment Total Pledge: \$ _____

Security Fee (\$150 required): \$ _____

Additional Donation to Security Fund: \$ _____

Men's Club (\$36): \$ _____

Sisterhood (\$36 general or \$54 Miriam): \$ _____

Total: _____

*If you do not pay the \$150 security fee above, your account will be billed for the \$150. **20% of your total dues commitment must be paid by September 2, 2024, in order to obtain your e-tickets for High Holy Days services.** Dues balances must be paid by April 30, 2025.

Photos may be used on the temple's website, social media, or in the temple's weekly email: Yes No

CHECK:

Enclosed in my check for partial/full (please circle one) dues amount.

CREDIT CARD: **There is a 3% transaction fee for all credit card charges.** There is no 3% fee for debit cards.

Please charge my credit card for **dues in full**.

Please charge my credit card **for dues in installments**. _____ # of monthly payments (maximum of 9).

Card#: _____ Exp Date: _____ Security Code: _____

Name (as it appears on credit card): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Signature: _____