

Signature:

TEMPLE BETH SHALOM ARNOLD, MARYLAND

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.

	Benefactors			Families and Singles		Young Adults and Seniors on a Limited Income	
	Ner Tamid	Chai	Shalom	Sustaining	Good Faith	¢1.000	
	\$5,500	\$4,500	\$3,900	\$2,500	\$1,800	\$1,000	
In acco	ordance with t	his schedule, n	ny/our 2024-20	25 dues commi	tment shall be	: \$	
			:	Security Fee (\$	150 required)	: \$ <u>150</u>	
			Additional	Donation to Se	ecurity Fund:	\$	
				Men's	s Club (\$36):	\$	
		Siste	erhood (\$36 ger	neral or \$54 Mi	riam level):	\$	
					Total:	\$	
P	Photos may be u	used on the tem	ple's website, soo	cial media, or in	the temple's w	eekly email: Yes 🗆 No 🗆	
Print Ful	1 Name:		Phone:				
Signature: Email:							
Septem in full b	ber 2, 202 <mark>4, in</mark> 9y April 30, 202	order to obtain				ommitment must be paid by and payments must be paid	
CHECKS:				n full for 2024-20	Make checks payable to Temple Beth Shalom		
Encle	osed is a check	for partial payn	nent of \$	Please bill int paid by April 3	the balance.		
CREDIT CARD: There is a 3% transaction fee for all credit card charges.					s.	We accept American	
□ Please charge my credit card for dues in full .						Express, Visa, MasterCard and Discover	
	se charge my cre	edit card for due	s in installments	# of mo	onthly payments	(maximum of 9).	
Card#:				Exp Date:	<mark>Se</mark>	ecurity Code:	
Name (as it appears on	credit card):				_	
Address	s:						
City:				State	e: Zip Co	ode:	