

My Annual Havurah Membership Pledge of Support 2015-2016

We appreciate your prompt response – please send in your pledge form with first payment by July 1.

As you are considering your dues for this year, please give what you can and then make a stretch to give a little more.

Member name: Adult #1 _____

Address: _____ City: _____ State: ____ Zip: _____

Phone number(s): Home: _____ Cell: _____

Email: _____

Member name Adult #2 _____

Phone number(s): Home: _____ Cell: _____

Email: _____

Children's Names: _____

Guidelines

We ask members to give 2-3% of their gross household income, with a minimum of \$450 for an Individual or \$850 for a Family. If that amount is beyond your financial means please contact Ayala Zonnenschein or Rabbi David, so that they can work out an arrangement with you. Ayala can be reached at ayala@ashlandhavurah.org or 541-292-0805. E-mail Rabbi David at shalomrav@aol.com or call 541-488-0772.

My Membership Dues: \$ _____

Building Repair Fund : \$ _____

Security System Fund: \$ _____

Total: \$ _____

Payment Method and Frequency Options Please send in your first payment with this dues form. **Please consider paying by check, thus saving the Havurah credit card fees.**

Check enclosed Charge my credit/debit card: One-time payment as per above total
OR

Monthly - Please charge \$ _____ per month to my credit card beginning in July 2015

Quarterly – Please charge \$ _____ per quarter (July, Oct., Jan., Apr.) to my credit card

Semi-annually – Please charge \$ _____ per half year (July, Jan.)

Debit/Credit Card Information

Please provide your credit/debit card information below. We do not keep information from last year.

MasterCard Visa Discover American Express

Card #: _____

Expires: ____/____ Security code _____

Name on Card (please print) _____

Billing address (if different than above): _____

Signature: _____

Please mail to Havurah Shir Hadash, P.O. Box 1262, Ashland, OR 97520 or fax to 541-622-0203. Thank you!