

# My Annual Havurah Membership Pledge of Support 2012 - 2013

If there is any way that you can send in your pledge and first payment so that we receive it by July 1, it will make an enormous difference.

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:** \$ \_\_\_\_\_

ALEPH Dues: \$ 36.00

My pledge of support for the Alliance for Jewish Renewal (www.aleph.org)

Total: \$ \_\_\_\_\_

**Payment Method and Frequency Options** Please send in your first payment with this dues form if at all possible.

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 2012

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**

**Thank You!**