

# My Annual Havurah Membership Pledge of Support 2021/22

*We go by a fiscal year, July 2021 through June 2022*

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 \$550 for an individual or \$990 for a family. No one is turned away based on financial need.**

**My Membership Dues:** \$ \_\_\_\_\_

Building Repair: \$ \_\_\_\_\_

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 2020

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 email to [office@ashlandhavurah.org](mailto:office@ashlandhavurah.org).**

**Call 541-488-7716 with questions. Thank you!**