

My Annual Havurah Membership Pledge of Support 2022/23

We go by a fiscal year, July 2022 through June 2023

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 \$640 for an individual or \$1,150 for a couple/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 2022
- 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.

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