

My Annual Havurah Membership Pledge of Support 2024/25

We go by a fiscal year, July 2024 through June 2025

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 \$750 for an individual or \$1,300 for a couple/family, \$500 for a single parent family and \$300 for full-time students.

Distance members: sliding scale \$390-\$785.

No one is turned away based on financial need.

My Membership Dues: \$ _____

Building Repair: \$ _____

Security System Fund: \$ _____

New Rabbi Fund \$ _____

Please consider adding 3% to cover
credit card fees processing \$ _____

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 2024
- 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 with a check, or email to office@ashlandhavurah.org. Call 541-488-7716 with questions. Thank you!