



Renewal Annual Membership Commitment Form

Membership Year July 1, 2020 - June 30, 2020

Forms must be completed and returned to office@templesolel.org or mailed to Temple Solel by June 30, 2020

Name(s): _____

Address: _____

City, State, Zip _____

Home phone: _____ Work: _____ E-mail: _____

Based on an honest reflection of your own financial circumstances, we ask that you step up to the highest tier possible as we pursue a financially strengthened future for our community. Please indicate your membership commitment level below:

<u>Member Category</u>	<u>Family</u>	<u>Single</u>	Family = more than one in a household	
Rabbi's Circle	\$7,070	\$7,070	Annual Membership Commitment (from left column)	\$
Benefactor	\$5,565	\$3,535		
Pathfinder	\$3,355	\$2,340	Raker Religious School Tuition Total Total Fees (Youth Group & Raker Religious School)	\$
Pillar	\$2,730	\$2,130		
Retired	\$1,445	\$1,000	Capital Fund Donation of \$250 Suggested donation	\$
Sustaining	\$2,575	\$1,760		
Sustaining/Age 26-34 (1 st Year)	\$935	\$700	All Members are Subject to a Security fee payment of \$100	\$ 100
Sustaining/Age 26-34 (2 nd Year)	\$1,380	\$1,040		
Sustaining/Age 26-34 (3 rd Year)	\$1,845	\$1,380	Please Consider Making An Additional Gift	\$
Sustaining/Age 18-25	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE	Total Commitment for Membership Year 2020-2021	\$

***Associate membership** is only available to those who pay **full** dues to another congregation, which is their primary affiliation. Primary affiliation will be verified. An associate commitment is 1/2 of the category you have chosen.

Congregation name: _____

Address: _____

Phone number: _____

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Special Considerations

Temple Solel remains committed to being accessible to every person seeking to be part of a Jewish community. It has always been our policy that financial capacity will never be a barrier to membership. Special payment arrangements may be granted to members experiencing a financial hardship. ***A commitment adjustment form must be submitted annually and is due by July 31, 2020 in order to receive financial assistance.**

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Choose a billing option (please check one)

☐

Annual payment
(Due by July 31)

Monthly payments
(10 payments)

Please update your payment information, as it cannot be carried over from the prior year. Please print clearly.

<input type="checkbox"/> Credit Card (3% processing fee applies)	<input type="checkbox"/> ACH Debit Payment Attach a voided check to this form
<input type="checkbox"/> Enclosed Check (Payable to Temple Solel)	<input type="checkbox"/> OTHER (IRA, Trust Distribution, Stock Transfer ETC)

Account Number _____
Exp (MM/YY) _____ CCV # _____
Name on Card _____
Billing Address _____
City _____ State _____
Zip Code _____

As a member of Temple Solel, I understand that I am making a full-year financial commitment to support the Congregation. **I further understand that the temple depends on this commitment, and I pledge to fulfill my financial obligation on or before June 30, 2021.** If I am unable to do so, I agree to contact Temple Solel's Executive Director to make alternative payment arrangements.

Signature

Date