



# Renewal Annual Membership Commitment Form

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olel 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>
Rabbi's Circle	\$7,070	\$7,070
Benefactor	\$5,565	\$3,535
Pathfinder	\$3,355	\$2,340
Pillar	\$2,730	\$2,130
Retired	\$1,445	\$1,000
Sustaining	\$2,575	\$1,760
Sustaining/Age 26-34 (1 <sup>st</sup> Year)	\$935	\$700
Sustaining/Age 26-34 (2 <sup>nd</sup> Year)	\$1,380	\$1,040
Sustaining/Age 26-34 (3 <sup>rd</sup> Year)	\$1,845	\$1,380
Sustaining/Age 18-25	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE

<b>Family = more than one in a household</b>	
Annual Membership Commitment (from left column)	\$
Raker Religious School Tuition Total <b>Total Fees (Youth Group &amp; Raker Religious School)</b>	\$
Capital Fund Donation of \$250 Suggested donation	\$
All Members are Subject to a Security fee payment of \$100	<b>\$ 100</b>
Please Consider Making An Additional Gift	\$
<b>Total Commitment for Membership Year 2020-2021</b>	<b>\$</b>

**\*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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Membership Year July 1, 2020 – June 30, 2021

## 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.**

Forms must be completed and returned to [office@templesolel.org](mailto:office@templesolel.org) or mailed to Temple Solel by June 30, 2020

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.***

**Credit Card**  
(3% processing fee applies)

**ACH Debit Payment**  
Attach a voided check to this form

**Enclosed Check**  
(Payable to Temple Solel)

**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