

TEMPLE BETH EL MEKOR CHAYIM ANNUAL MEMBERSHIP AND PLEDGE FORM

FISCAL YEAR 7/1/2020 - 6/30/2021

Adult Household Members (max. 2): _____

Address: _____

Phone # _____ Email: _____

Last year, your pledge was \$_____.

Select your Pledge	Select your Payment Schedule	Select your Payment Method
<input type="checkbox"/> Your Amount Last Year + 5%	<input type="checkbox"/> Full Payment before September 1, 2020	<input type="checkbox"/> I will send (a) check(s)
<input type="checkbox"/> Your Amount Last Year + 10%: <i>STRIVER</i>		
<input type="checkbox"/> Sustaining (\$2900)	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Please debit my checking account automatically (ACH)
<input type="checkbox"/> \$3600: <i>PILLAR</i>		
<input type="checkbox"/> \$5000: <i>SPONSOR</i>	<input type="checkbox"/> 12 equal payments	<input type="checkbox"/> Please charge my credit card automatically
<input type="checkbox"/> Other: write your pledge here _____		

For ACH Payments

Account Type: Checking Savings Account Number _____

Routing Number _____

For Credit Card Payments:

Name on card: _____ (circle one: VISA MASTERCARD AMEX)

Number: _____ Expir'n date: _____ security code _____

YES I will defray the cost to TBEMC by paying the 3.5% credit card fee

NO bill me the exact amount on this form

Check here if you would like to be contacted by the Sustaining Dues Model committee

Check here if you would like to learn more about our Legacy Circle

I/we will honor my/our pledge and promise to make the payments as scheduled.

Signed

Dated