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| **Membership Pledge Form 2019 - 2020** |
| Please return this form by July 30, 2019 |
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| **Household Contact Information**  |
|  |
| **Adult 1:** |
| **Last:**   | **First:**  | **Email:**   |
| **Cell:**   | **Work:**   | **Home:**  |
|  |
| **Adult 2:**  |
| **Last:**  | **First:**  | **Email:**  |
| **Cell:**  | **Work:**  | **Home:**  |
|  |
| **Address:**  |
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|  |
| **Children’s Names:** Please indicate which children live at home |
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| **2019 – 2020 Membership Pledge**  |
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**At CBS our membership year runs from July 1, 2019 to June 30, 2020.** Please consider our goals as discussed in the attached letter thoughtfully and support Congregation Beth Shalom to the best of your ability. If you have special circumstances please contact treasurer Michael Gardner at (573)875-8824 or mgardnersmail@gmail.com for a confidential discussion. **Please note that High Holiday tickets are a benefit of membership!** We cannot provide accurate information about your pledge last year due to software and data entry limitations. We hope to be able to do so with our new software in coming years.

Our Household Pledge for the 2019-2020 Pledge Year is $\_\_\_\_\_\_\_\_\_\_\_\_

**Payment Options:** *please select one of the following*

* Personal check (preferred method of payment)
* ACH/Direct account withdrawal (preferred method for recurring payments; please complete ACH form attached)
* Please charge my credit card as indicated in the next section (provide credit card details below)
	+ I would like to increase each payment that is charged to my card by 2% to offset part of the fee that CBS must pay the credit card processor
* Stock donation (we will contact you)
* Electronically invoice me as indicated in the next section
* I/We will set up electronic payments or pay via the donation button

**How Should We Expect Your Payments:** *please choose one*

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| --- | --- | --- | --- |
| * One-time payment

(in full now or by 12/31/19)  | * Monthly ayments in the amount of:

 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ until 6/30/20 | * Quarterly Payment

(July, Oct, Jan, April)In the amount of:$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * Other

(explain below) |

**Credit Card Information:** (if applicable)

If you want us to charge your card please complete all fields, then read and sign your agreement to the below authorization. This authorization will remain in effect until June 30, 2020 or until cancelled by the card holder in writing to Congregation Beth Shalom.

Visa/Mastercard/Discover

Name as it appears on card\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Number: \_\_\_ \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_

Expiration Date: \_\_ \_\_ / \_\_ \_\_ 3-digit Security Code (on back) \_\_ \_\_ \_\_ Billing Zip Code\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize Congregation Beth Shalom to charge my credit card above for my pledge payments, as listed in the expected payments section above.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Covenant with Congregation Beth Shalom** please sign below. |
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| *As a Congregation Beth Shalom member, I commit to supporting the Jewish community. I also understand that the Congregation depends on my commitment, and I pledge to pay my financial obligation no later than June 30, 2020. If I cannot do so, I will contact the Congregation to make alternative payment arrangements.* |
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| Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |