



CONGREGATION BETH SHALOM

500 West Green Meadows Rd. Columbia, Missouri

(573) 499-4855 ~ www.cbsmo.org

ק"ק בית שלום

Membership Pledge Form 2020 – 2021

Please return this form by July 30, 2020

Household Contact Information

Adult 1:

Last:	First:	Email:
Cell:	Work:	Home:

Adult 2:

Last:	First:	Email:
Cell:	Work:	Home:

Address:

Children's Names: Please specify those living at home

2020 – 2021 Membership Pledge

At CBS our membership year runs from July 1 to June 30. Please consider our goals as discussed in the enclosed letter thoughtfully, and support Congregation Beth Shalom by pledging as suggested or, if possible, pledge more. If you have special circumstances, please contact treasurer Michael Gardner (573.875.8824 or mgardnersmail@gmail.com) for a confidential discussion. *(See back for payment options – check, auto bank deduct, credit card or stock donation)*

All donations are tax deductible to the extent permitted by law

My/Our Household Pledge for the 2020-2021 Pledge Year is \$_____

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

- ☐ Personal check (Preferred method of payment)
- ☐ ACH/Direct account withdrawal (preferred method for recurring payments; please complete the enclosed ACH form)
- ☐ 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 at cbsmo.org

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

<input type="checkbox"/> One-time payment (in full now or by 12/31/20)	<input type="checkbox"/> Monthly payments in the amount of: \$ _____ until 6/30/21	<input type="checkbox"/> Quarterly payments (Sept, Dec, Mar, Jun) in the amount of: \$ _____	<input type="checkbox"/> Other (explain)
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Credit Card Information: (if applicable)

If you want us to charge your credit card please complete all fields, then read and sign your agreement to the below authorization. This authorization will remain in effect until June 30, 2021 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 _____

Covenant with Congregation Beth Shalom: *please sign below*

As a Congregation Beth Shalom member, I commit to support the Jewish Community. I also understand that the Congregation depends on my commitment, and I pledge to complete this financial obligation no later than June 30, 2021. If I cannot do so, I will contact the Congregation to make alternative arrangements.

Signature _____

Date _____