



## CONGREGATION BETH SHALOM

500 West Green Meadows Rd. Columbia, Missouri  
(573) 499-4855 ~ [www.cbsmo.org](http://www.cbsmo.org)

ק"ק בית שלום

### Membership Pledge Form 2021 – 2022

Please return this form by July 30, 2021

#### 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

#### 2021 – 2022 Membership Pledge

**At CBS our membership year runs from July 1 to June 30.** We do not have a minimum contribution requirement at this time, but we do need each family to donate approximately \$2,800 to meet our financial requirements. We also understand that many families cannot pledge at that level, so we ask you to look into your hearts and pledge what you can, and consider a pledge large enough to cover both your family and another, or even a few. Thank you.

If you have questions or special circumstances, please contact treasurer Michael Gardner (573.875.8824 or [mgardnersmail@gmail.com](mailto:mgardnersmail@gmail.com)) for a confidential discussion.

**All donations are tax deductible to the extent permitted by law.**

My/Our Household Pledge for the 2021-2022 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 12/31/21)	Monthly payments in the amount of:  \$ _____ until 6/30/22	Quarterly payments (Sept, Dec, Mar, Jun) in the amount of:  \$ _____	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, 2022 or until canceled 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, 2022. If I cannot do so, I will contact the Congregation to make alternative arrangements.*

Signature \_\_\_\_\_

Date \_\_\_\_\_