

Membership Pledge Form 2022 – 2023

Note: Please use ShulCloud (via the Membership login link at <u>cbsmo.org</u>) or return this form by July 30, 2022

Household Contact Information

Adult 1		
Last	First	Email
Cell	Work phone	Home phone

Adult 2		
Last	First	Email
Cell	Work phone	Home phone

Mailing Address

Children's Names: Please specify those living at home.

<u>2022-2023 Membership Pledge:</u> Our membership year runs July 1-June 30, and we need a new form each year, even if you have set up a recurring payment plan. Thanks!

Please consider the goals discussed in the pledge letter by supporting CBS to the extent that you can. Some members can afford more than the average donation, others less. If you have special circumstances, please contact our treasurer, Michael Gardner (573-875-8824 or <u>mgardnersmail@gmail.com</u>) for a confidential conversation.

See back for payment options. All donations are tax deductible to the extent permitted by law.

My/Our Household Pledge for the 2022-2023 Pledge Year is \$_____

Payment Options: please circle one of the following payment options

- Personal check (preferred method of payment)
- 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 <u>cbsmo.org</u> or use Shul-Cloud
- Automatic withdrawals from bank accounts must be set up through ShulCloud, using "Plaid" to connect to your bank—only the owner of the account can set this method up. If you need assistance, please contact Michael Gardner (573-875-8824 or <u>mgardnersmail@gmail.com</u>).

How Should We Expect Your Payments? please choose one:

One-time payment (in	Monthly payments in	Quarterly payments	Other (please explain)
full now or by 12/31/22)	the amount of \$	(Sept., Dec., March,	
	until 6/30/23	June) in the amount of	
		\$	

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, 2023, 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.

Signature_____

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, 2023. If I cannot do so, I will contact the Congregation to make alternative arrangements.

Signature_____

Date_____