

## CONGREGATION BETH SHALOM

500 West Green Meadows Rd. Columbia, Missouri (573) 499-4855 ~ www.cbsmo.org

ק"ק בית שלום

## Membership Pledge Form: 2023 - 2024

Note: Please fill out and return to the Congregation Beth Shalom office by July 30th.

## **Household Members and Contact**

Last Name:         First Name:         Email:           Home #:         Work #:         Cell #:           Household Address           Street:         Apartment:           City:         State:         Zip:	Adult 1					
Adult 2         Last Name:       First Name:       Email:         Home #:       Work #:       Cell #:         Household Address         Street:       Apartment:         City:       State:       Zip:	Last Name:	First Nar	ne:		Email:	
Last Name:         First Name:         Email:           Home #:         Work #:         Cell #:           Household Address           Street:         Apartment:           City:         State:         Zip:	Home #:	Work #:			Cell #:	
Home #: Cell #:  Household Address  Street: Apartment: City: State: Zip:						
Home #: Cell #:  Household Address  Street: Apartment: City: State: Zip:	Adult 2				,	
Household Address  Street: Apartment: City: State: Zip:	Last Name:	First Nar	ne:		Email:	
City: State: Zip:	Home #:	Work #:			Cell #:	
Street: Apartment:	Household Address					
				Apartment:		
	City:		State:	Zip:		

## 2023 - 2024 Membership Pledge Information

Congregation Beth Shalom's fiscal year runs from July 1st through June 30th each year. Each member must submit a pledge form each year even if you have pre-established payment plans.

Please consider the goals discussed in the pledge letter by supporting CBS to the extent that you can. **There is no minimum.** If you need to discuss your pledge, please reach Michael Gardner at <a href="mailto:MidmoCBStreas@gmail.com">MidmoCBStreas@gmail.com</a> for a confidential conversation.

confidentia	al conversation.				
	Check this box if a <b>st</b>	<b>ock donation</b> will fulfill your	ear: \$ pledge. Skip the payment Schedule, Options, and Card Info er ( <u>MidmoCBStreas@gmail.com</u> ) for special arrangements.		
<u>Paymen</u>	t Schedule				
Please	Select a payment sch	edule:			
	Monthly payments Quarterly payment	s starting on:	and ending on and ending on		
<u>Paymen</u>	<u>t Options</u>				
Please	Select a payment op	cion:			
	Online w/ Debit or Check (Send to <b>50</b> 0	o West Green Meadows Ro	oad, Columbia, MO 65203)		
	Card Informatio		ard Number:		
CCV (on ba	ick of card):	Expiration Date:	Zip Code:		
		, authorize Congrega ent Schedule section above.	tion Beth Shalom to charge my credit card for my pledge		
Signature	e:	Date:			
Covenant with Congregation Beth Shalom					
understa financia	and that the Cong	regation depends on my er than June 30 <sup>th</sup> , 2024.	to supporting the Jewish Community. I also commitment, and I pledge to complete this If I cannot do so, I will contact the Congregation		

Date:

Signature: