

High Holiday Appeal / President's Council Pledge Form 2021-2022 / 5782

We appreciate your genero	sity and commitme	ent to Shomrei Torah!
Name:		
Yes, I/we want to participate in Shon	nrei Torah's 2021-	2022 High Holy Day Appeal!
I/We would like to pled	ge a contribution	of \$
For those who would like to join our Pr	esident's Council	please see the categories below.
For the 2021-2022 year, I/we would li	ke to contribute to	President's Council:
		Please insert amount
Tikkun Olam (Repairing the World)	\$10,000 +	\$
Keter Torah (Crown of the Torah)	\$5,000 - \$9,999	\$
Keter Shem Tov (Crown of a Good Name)	\$3,600 - \$4,999	\$
Shalom Rav (Rabbi's Circle)	\$1,800 - \$3,599	\$
Shomrei Or (President's Council)	\$1,200 - \$1,799	\$
Please include your name exactly as you very serious please include your name exactly as you very serious please include your name exactly as you very serious please include your name exactly as you very serious please include your name exactly as you very serious please include your name exactly as you very serious please include your name exactly as you very serious please include your name exactly as you very serious please include your name exactly as you very serious please include your name exactly as you very serious please include your name exactly as you very serious please include your name exactly as you very serious please include your name exactly as you very serious please include your name exactly as you very serious please include your name exactly as you very serious please pleas	OR Anonyn	nous OR Friend of Shomrei Torah NT WORKS BEST FOR YOU
Enclosed is my check for \$ (the full	l amount of my ple	edge) made payable to Shomrei Tora
Enclosed is my check for \$ (a portion I understand that payment in full must be m		
Please bill me. I understand that payment in	full must be made	by June 30, 2022.
Please charge my credit card (a 3% surcharg	e will be added to	all credit card payments).
☐ In Full		1 ,
Eight (8) monthly payments of continuing on the first day of		
Type of Card:Visa	MasterCard	Card on File
Name as it appears on credit card:		

Please mail your donation to Shomrei Torah 30 Hinchman Avenue Wayne, NJ 07470 or contact the synagogue office at 973.696.2500

Credit Card Number: _____

Expiration Date (must not expire prior to due date of final payment):

Your signature_____

May the year ahead be filled with the blessings of health, happiness and peace.

Shanah Tova!