

Annual Commitment

June 1, 2021 – May 31, 2022

Temple Beth Sholom is committed to being accessible to every person seeking Jewish community. It has always been our policy that financial capacity will never be a barrier to membership. Please contact Membership Director Greg Lawrence (786.364.4413 or greg@tbsmb.org), to have a confidential conversation and/or return this form to him upon completion. Our Temple policy states that all prior commitments must be paid in full by May 31, 2021. High Holy Day admittance cards and Religious School class assignments will be issued only to those members who have returned this commitment form by July 1, 2021.

Last Name(s): _____ First Name(s): _____

Email(s): _____ Phone(s): _____

Mailing address: _____

| Member Category | | Benefits | Household | | Total |
|---|---|---|---|--|--|
| Circle of Giving | tbsmb.org/circle-of-giving | | | | |
| Pillar | <input type="checkbox"/> Remain anonymous | 4 extra HHD Tickets | \$18,000+ | | |
| Benefactor | <input type="checkbox"/> Remain anonymous | 3 extra HHD Tickets | \$10,000-\$17,999 | | |
| Guardian | <input type="checkbox"/> Remain anonymous | 2 extra HHD Tickets | \$5,500-\$9,999 | | |
| Sustainer | <input type="checkbox"/> Remain anonymous | 1 extra HHD Ticket | \$4,000-\$5,499 | | |
| Standard Annual Commitment | | | 1-Adult Household | 2-Adult Household | |
| Age 35+* | | | \$2,800 | \$3,750 | |
| | <input type="checkbox"/> Winter/Dual Membership | | \$1,400 | \$1,875 | |
| Age 31-34* | | | \$1,200 | \$1,800 | |
| Age 26-30* | | | \$360 | \$360 | |
| Age 25 and under | | | Complimentary | Complimentary | |
| <input type="checkbox"/> Increase contribution by \$250 (makes full-time, full dues paying members Circle of Giving Sustainer Level) | | | | | |
| Security Assessment | | | | | \$425 |
| Payment options | | <input type="checkbox"/> 1 Payment Balance Due 7/1/21 | <input type="checkbox"/> 2 Payments Balances Due 7/1/21 and 12/1/21 | <input type="checkbox"/> 12 Monthly Payments** Balances Due 6/30/21 - 5/31/22 | |
| *Age of the eldest adult in the household. ** The 12 monthly payment option must be paid in full by May 31, 2022. This option is only available if you begin paying by June or July 2021. Payments are prorated over the number of remaining months until May 2022. | | | | | |
| 1. Are you interested in learning more about our TBS Legacy Endowment? | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. I have read and agree to the TBS Publicity Release policy online at tbsmb.org/publicityrelease | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sisterhood/Women of Reform Judaism (optional) | | <input type="checkbox"/> \$54 (Leah) <input type="checkbox"/> \$118 (Rachel) <input type="checkbox"/> \$180 (Sarah) | | | |
| Brotherhood (optional) | | <input type="checkbox"/> \$54 | | | |
| ARZA Supporting The Reform Israel Fund (optional) | | <input type="checkbox"/> \$54 | | | |
| Total | | | | | |

As a member of Temple Beth Sholom, I understand that I am making a full-year financial commitment to support the Congregation. I further understand that the Temple depends on this commitment, and I pledge to fulfill my financial obligation on or before May 31, 2022. If I am unable to do so, I agree to contact the Temple Executive Director to make alternative payment arrangements.

Signature _____

Date _____

PAYMENT: ANNUAL COMMITMENT MAY BE PAID IN FULL OR ACCORDING TO AN INSTALLMENT PAYMENT PLAN SELECTED ABOVE. ALL FORMS MUST BE RETURNED WITH DEBIT/CREDIT CARD INFORMATION LISTED BELOW, OR A CHECK.

Amex, M/C or Visa #: _____ Exp. Date: _____

Billing Address: _____

CHECK # _____ (payable to Temple Beth Sholom): in the amount of \$ _____

Thank you for your involvement, your commitment, and your support.