**CONGREGATION OR AMI 2019-20 PAYMENT PLAN FORM**

Member Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In an effort to streamline our billing process, we will bill you at the same dues category rate as you were billed last year unless you select a different membership category below. *Please note that our Standard Membership dues do not fully cover our operating costs.* **If you would like to switch to an Enhanced Dues Membership, please indicate the category below.**

*No one will be denied membership to Congregation Or Ami due to financial circumstances. If your annual financial commitment is a genuine hardship for you, please contact the office to make other arrangements.*

**Note that all dependent children living in the home, up to age 29, are included in all dues categories**.

**Standard Membership**

**Standard Membership** – this is our basic dues expectation for all members. *This rate does not fully cover our operating costs*.

\_\_\_ $1,800 - 1 Adult Household \_\_\_ $2,850 - 2 Adult Household

**Standard Membership for any family with their OLDEST child at the age of entering into:**

**\_\_\_\_$500 - Kindergarten \_\_\_\_\_ $900 - First Grade \_\_\_\_\_ $1,800 - Second Grade**

**Standard Membership for any family with their OLDEST child enrolled in Gan (Kindergarten class at Or Ami) for the upcoming Religious School year:**

**\_\_\_\_\_FREE**

**Senior Membership** – this option is offered to those members over age 65, who are unable to commit to the Standard Membership dues. *This rate does not fully cover our operating costs*.

\_\_\_ $1,300 - 1 Adult Household \_\_\_ $2,400 - 2 Adult Household

**Enhanced Dues Membership**

*Please see the enclosed Enhanced Dues Membership Benefits insert for more details.*

**If you would like to contribute at an enhanced dues level, please select the membership category you would like and we will adjust your invoice for the next billing cycle. Thank you for your support.**

**Chai Membership** – this option helps to subsidize our programming and operational costs

\_\_\_ $2,600 - 1 Adult Household \_\_\_ $3,600 - 2 Adult Household

**Rabbi’s Circle** – this option of giving helps to subsidize congregational programs and special events

\_\_\_ $3,200 - 1 Adult Household \_\_\_ $5,400 - 2 Adult Household

**L’Dor V’Dor Society** –this option helps the congregation retain outstanding staff, fund educational programs and keeps our standard rate of membership affordable.

\_\_\_ $4,800 - 1 Adult Household \_\_\_ $7,200 - 2 Adult Household

**Auxillary Fees**

Please select one or both options to support our Brotherhood and/or Sisterhood programs

\_\_\_\_ $36 – Brotherhood \_\_\_\_\_ $36 -- Sisterhood

*Please note that there is a Security Fee of $136 charged to all members to help cover the cost of providing the necessary security in our building. The Building Fund fee of $375 is charged to all members for the first 8 years of membership. The URJ fee of $136 that all members are asked to pay is passed on to the URJ for Or Ami's membership to the Union of Reform Judaism.*

**Payment Options:**

Please indicate below how you would like to pay this year:

\_\_\_ **Payment in full** – due on or before September 1, 2019

\_\_\_ **Semi Annual\*** – 50% of dues paid by July 1, 2019; balance will be charged to CC on file on

December 1, 2019.

\_\_\_ **Quarterly\*** – 25% of dues paid by July 1, 2019; balance will be charged to CC on file in 3 (three)

equal payments on October 1, 2019; January 1, 2020 and April 1, 2020.

\_\_\_ **Monthly\*** – 25% of dues paid by July 1, 2019; balance will be charged to CC on file in

equal payments on the 1st of each month, beginning on August 1, 2019 and ending on

April 1, 2020.

**\*To select these options, Or Ami requires that you provide a VISA, MasterCard, American Express or ACH information, which will be kept on a secure server managed by our accounting firm, Kesef Accounting, and is not maintained anywhere in the synagogue office. No credit card or ACH payments will be processed without advance written notice to you. A tax-deductible convenience fee will be assessed for credit card transactions.**

**Credit Card (Circle One):** VISA MasterCard American Express

CC # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (as it appears on the card): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACH Information:**

Bank Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Routing Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signatures**

Please sign and return this payment agreement form and return by **July 1, 2019**. If you are a 2 (two) adult household, both members must sign below.

I/We agree to abide by the payment schedule as indicated on this form. I/We acknowledge that our financial obligation is a binding contractual commitment that Congregation Or Ami depends on when making decisions regarding staffing, suppliers and building maintenance. Therefore, I/we understand that there is no entitlement to a refund or relief from payment hereunder, proportional or otherwise, in the event I/we terminate our membership or use of any services before the end of the Congregation’s fiscal year (June 30, 2020).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Signature Date