Dear Friends,

What draws each of us into a community?

I believe that a desire to connect plays a large role in what brings us into a community. Each one of us deserves to feel a connection to those around us, to feel a sense of belonging. Each one of us deserves to feel a connection to God and to the teachings of our Tradition.

It is with this in mind that I am delighted that you are interested in Congregation Mekor Shalom. Mekor Shalom means Source of Peace. Mekor Shalom is a community where each person matters — your presence, your feelings, and your neshama (your soul). At Mekor Shalom, each of us is welcomed and celebrated for who we are.

Because valuing each person is a core belief, Congregation Mekor Shalom is proud to be the first congregation in Tampa to implement a Voluntary Financial Commitment in lieu of other more commonly used dues structures. At Mekor Shalom, you make a personal decision as to how much you are able to invest in your synagogue. For a fuller description, please see the enclosed explanation.

Imagine a synagogue where people introduce themselves and get to know one another. Relationships grow and develop. Because every person matters, there is always room for more people. With each new person there are new connections that form. There are no closed circles, only open arms. It is a sacred community. It is a sacred community of sacred relationships. Mekor Shalom is a community in which to be connected, be accepted, and be inspired.

I want to invite you to become a part of this sacred community. The weaving of the presence of each person into the communal tapestry is a blessing. Having your uniquely beautiful colors as a part of the tapestry will enrich and enhance Mekor Shalom in inimitely. Each one of us has the unlimited potential to be a source of peace for ourselves and for the entire community.

Please feel free to contact me with any questions, comments, concerns, or ideas.

May God, the Source of Peace and Source of all Creation, guide us on this spiritual journey of connection.

B’shalom,

Hazzan Jodi M. Sered-Lever,
Founding Spiritual Leader

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Congregation Mekor Shalom
14005A N. Dale Mabry Hwy  Tampa, FL 33618 | 813-963-1818 | mekorshalom.org
Congregation Mekor Shalom, Inc is a 501(c)(3) nonprofit organization.
Adult #1

Title: Mr./Ms./Rabbi/Hazzan/Dr./Col./The Hon./Other: ____________

Last name________________________ First name________________________ Middle name________________________

Address________________________________________________________

City_____________________________ State_____ Zip Code______________

Home Phone______________ Cell Phone______________

Email address__________________________ Please check here, If you prefer to opt out of a listing in the member directory.

Date of Birth__________________________

_____Male _____Female _____Transgender _____Other

My Hebrew Name________________________

Father's Hebrew Name________________________ Mother's Hebrew Name________________________

_____I am a Kohen _____I am a Levi _____I am a Yisrael _____I don't know

_____Jewish by Birth _____Jewish by Choice _____Supportive Partner

If Jewish by Choice, please share who oversaw your conversion:

________________________________________________________________________

Relationship Status
__Single  __Married  __Partnered  __Widowed  __Divorced  __Separated

Wedding anniversary date (if applicable)______________

Occupation(s) or retired (If retired, please feel free to share your professional field, e.g. retired accountant or retired physicist):

________________________________________________________________________

Business or company name, if applicable:________________________________________

If need be may Mekor Shalom contact you at work?_______

If yes, phone number:______________
Adult #1

Last name__________________  First name__________________

Please check the areas with which you would like to become involved:

_____Adult Lifelong Learning Team Involvement with aspects of the adult education program
  Teaching about______________________________
  Learning about_____________________________

_____Community Involvement Team Organizes social action programs and projects

_____Financial Stewardship/Endowment Team

_____Fundraising Team Organizes congregational fundraising activities

_____Kiddush Team Organizes weekly Shabbat morning fellowship refreshments

_____Look Who’s Coming to Shabbat Team Organizes monthly, congregational Shabbat meals

_____Mekor Tikvah (Source of Hope) Team Supporting Mekor Shalom friends during times of need

_____Membership Team

Would you like to help out with any of these areas of the Membership Team:

_____Outreach to new members  _____Welcoming new members  _____Membership retention

_____Oneg Team Organizes weekly Friday night fellowship refreshments

_____Staying Connected Team Organizes congregational social programs

_____Youth Activities Team Helps facilitate the Mekor Shalom Youth Program

Your ideas and suggestions:

__________________________________________

Ritual Life

I would like to:

_____Read Torah  _____Read Haftarah  _____Lead a service

I would like to learn to:

_____Read Torah  _____Read Haftarah  _____Lead a service

Your ideas and suggestions:

__________________________________________
Adult #2

Title: Mr./Ms./Mrs./Rabbi/Hazzan/Dr./Col./The Hon./Other: __________

Last name: ___________ First name: ___________ Middle name: ___________

Address (if different from Adult #1): ___________________________________________________________________________

City: ___________ State: ___________ Zip Code: ___________

Home Phone: ___________ Cell Phone: ___________

Email address: ___________ Please check here if you prefer to opt out of a listing in the member directory.

Date of Birth: ___________

_____ Male _____ Female _____ Transgender _____ Other

My Hebrew Name: ___________

Father's Hebrew Name: ___________ Mother's Hebrew Name: ___________

_____ I am a Kohen _____ I am a Levi _____ I am a Yisrael _____ I don't know

_____ Jewish by Birth _____ Jewish by Choice _____ Supportive Partner

If Jewish by Choice, please share who oversaw your conversion:

__________________________________________________________________________

Relationship Status
___ Single  ___ Married  ___ Partnered  ___ Widowed  ___ Divorced  ___ Separated

Wedding anniversary date (if applicable): ___________

Occupation(s) or retired (If retired, please feel free to share your professional field, e.g. retired accountant or retired physicist):

__________________________________________________________________________

Business or company name, if applicable: _______________________________________________________________________

If need be may Mekor Shalom contact you at work? _______.

If yes, phone number: ___________
Adult #2

Last name____________________ First name____________________

Please check the areas with which you would like to become involved:

_____Adult Lifelong Learning Team Involvement with aspects of the adult education program

  Teaching about__________________________________________

  Learning about__________________________________________

_____Community Involvement Team Organizes social action programs and projects

_____Financial Stewardship/Endowment Team

_____Fundraising Team Organizes congregational fundraising activities

_____Kiddush Team Organizes weekly Shabbat morning fellowship refreshments

_____Look Who’s Coming to Shabbat Team Organizes monthly congregational Shabbat meals

_____Mekor Tikvah (Source of Hope) Team Supporting Mekor Shalom friends during times of need

_____Membership Team

Would you like to help out with any of these areas of the Membership Team:

_____Outreach to new members _____Welcoming new members _____Membership retention

_____Oneg Team Organizes weekly Friday night fellowship refreshments

_____Staying Connected Team Organizes congregational social programs

_____Youth Activities Team Helps facilitate the Mekor Shalom Youth Program

Your ideas and suggestions:

________________________________________________________

Ritual Life

I would like to:

_____Read Torah _____Read Haftarah _____Lead a service

I would like learn to:

_____Read Torah _____Read Haftarah _____Lead a service

Your ideas and suggestions:

________________________________________________________
Dependent Children & Dependent Adult Children

Child #1

Last name_________________________ First name_________________________ Middle name_________________________

_____ Male  _____ Female  _____ Transgender  _____ Other

Date of Birth_______________________ Hebrew Name_________________________

Email address (if applicable)_________________________ Cell Phone (if applicable)_________________________

Religious Education Plan (for school age children):

_____ Mekor Shalom Religious School  _____ Hillel Academy  _____ Alternative

Areas of Interest:

_____ Read Torah  _____ Lead Services  _____ Youth Group  _____ Teen Classes  _____ College Student Care Packages

Child #2

Last name_________________________ First name_________________________ Middle name_________________________

_____ Male  _____ Female  _____ Transgender  _____ Other

Date of Birth_______________________ Hebrew Name_________________________

Email address (if applicable)_________________________ Cell Phone (if applicable)_________________________

Religious Education Plan (for school age children):

_____ Mekor Shalom Religious School  _____ Hillel Academy  _____ Alternative

Areas of Interest:

_____ Read Torah  _____ Lead Services  _____ Youth Group  _____ Teen Classes  _____ College Student Care Packages

Child #3

Last name_________________________ First name_________________________ Middle name_________________________

_____ Male  _____ Female  _____ Transgender  _____ Other

Date of Birth_______________________ Hebrew Name_________________________

Email address (if applicable)_________________________ Cell Phone (if applicable)_________________________

Religious Education Plan (for school age children):

_____ Mekor Shalom Religious School  _____ Hillel Academy  _____ Alternative

Areas of Interest:

_____ Read Torah  _____ Lead Services  _____ Youth Group  _____ Teen Classes  _____ College Student Care Packages

Child #4

Last name_________________________ First name_________________________ Middle name_________________________

_____ Male  _____ Female  _____ Transgender  _____ Other

Date of Birth_______________________ Hebrew Name_________________________

Email address (if applicable)_________________________ Cell Phone (if applicable)_________________________

Religious Education Plan (for school age children):

_____ Mekor Shalom Religious School  _____ Hillel Academy  _____ Alternative

Areas of Interest:

_____ Read Torah  _____ Lead Services  _____ Youth Group  _____ Teen Classes  _____ College Student Care Packages
Adult Children

Name________________________ Spouse (if applicable)____________________ Phone__________
Name________________________ Spouse (if applicable)____________________ Phone__________
Name________________________ Spouse (if applicable)____________________ Phone__________

Emergency Contacts (e.g. out of town relatives)

Name________________________ Relationship________________________ Phone__________
Name________________________ Relationship________________________ Phone__________
Name________________________ Relationship________________________ Phone__________

Remembering Loved Ones Who Have Died: Yahrzeit Information

Name________________________ Relationship to (e.g. mother of)________________________
English Date of Death (MM/DD/YY)__________ | Death Occurred: _____Before sundown     _____After sundown
Hebrew Date of Death (if known)______________

Name________________________ Relationship to (e.g. mother of)________________________
English Date of Death (MM/DD/YY)__________ | Death Occurred: _____Before sundown     _____After sundown
Hebrew Date of Death (if known)______________

Name________________________ Relationship to (e.g. mother of)________________________
English Date of Death (MM/DD/YY)__________ | Death Occurred: _____Before sundown     _____After sundown
Hebrew Date of Death (if known)______________

Name________________________ Relationship to (e.g. mother of)________________________
English Date of Death (MM/DD/YY)__________ | Death Occurred: _____Before sundown     _____After sundown
Hebrew Date of Death (if known)______________

Membership Covenant: I/we hereby commit to cultivating and becoming a part of the fabric of a sacred community where people care about people. We will strive to nurture our neshamot, our souls, as part of our spiritual journey, to grow and evolve Jewishly, and to support the sacred work of Congregation Mekor Shalom.

Signature(s)________________________________________________________________________

Date______________________________
The Mitzvah of Tzedakah: Making a Voluntary Financial Commitment Pledge

One who gives freely ends with more (Proverbs 11:24).

What is the Voluntary Financial Commitment (VFC)?
Congregation Mekor Shalom requires each household to pledge a meaningful monetary contribution for each year of membership. You choose how much you are able to invest in your synagogue. It’s a Voluntary Financial Commitment instead of a set dues structure.

What is included in the membership?
Every Voluntary Financial Commitment amount provides a full synagogue membership with all of the services and programs offered at Mekor Shalom including:
- High Holiday seating for up to two (2) adults, all dependent children, & dependent adults who are a part of the household unit.
- Lifecycle events officiated by the Hazan, provided at no additional charge, including Bar/Bat Mitzvah training.
- The membership provides access to a Religious School education, however, Religious School tuition is a separate charge.

Is there a recommended amount to pledge?
It is an individual decision. Everyone is asked to contribute an amount that reflects one’s personal financial capacity. Perhaps consider how much you are able to pledge in total & how frequently you will make contributions to fulfill your pledge by the end of the fiscal year on June 30. You may choose to make a contribution toward the pledge each month, every quarter, twice a year, or annually.

Mekor Shalom still engages in traditional fundraising activities to offset the possibility that Voluntary Financial Commitments may not cover all of the congregation’s operating costs and to begin accumulating capital for the future.

What is the Sustaining Annual Commitment?
If each household were able to make a Sustaining Annual Commitment, Mekor Shalom would be able to meet all of its financial obligations. At this time, if every household were able to contribute $2400 per year, Mekor Shalom could take care of the rent, professional staff, programming, supplies, etc. For many people, a Sustaining Commitment may be out of reach. For others, it may fit really well.

What is the 10% increase recognition or the Sustaining Annual Commitment recognition?
Households that increase their Annual Commitment by 10% or more from the previous year and/or households that give the Sustaining Annual Commitment or more will receive special recognition by having a leaf placed on the Ark curtain in their honor.

Actual contribution figures are kept in the strictest confidence.

I/We pledge the Voluntary Financial Commitment indicated below in support of Congregation Mekor Shalom and will fulfill this pledge by the end of the fiscal year on June 30:

<table>
<thead>
<tr>
<th>Pledge Contribution Schedule (Please select one.)</th>
<th>Pledge Total (Please indicate one.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____Annual Contribution</td>
<td>___$ 2,400.00  <strong>Sustaining Annual Commitment</strong></td>
</tr>
<tr>
<td>_____Semi-Annual Contribution</td>
<td>___$ 1,800.00</td>
</tr>
<tr>
<td>_____Quarterly Contribution</td>
<td>___$ 1,200.00 (Would be $100 monthly)</td>
</tr>
<tr>
<td>_____Monthly Contribution</td>
<td>___$ 1,000.00</td>
</tr>
<tr>
<td></td>
<td>___$ 600.00 (Would be $50 monthly)</td>
</tr>
<tr>
<td></td>
<td><em><strong>$ _________ Another amount Enclosed is: $</strong></em>______ toward this pledge.</td>
</tr>
</tbody>
</table>

**Printed Name(s):**

**Signature(s):**

**Date:**

Please mail to Congregation Mekor Shalom 14005 A. N. Dale Mabry Hwy Tampa, FL 33618 or email to contributions@mekorshalom.org.