

Congregation Torah Ohr
Confidential Dues Adjustment form

Dear Members,

Everyone is welcome and truly belongs at Congregation Torah Ohr, regardless of financial circumstances.

We ask all members to support the Shul by paying dues and have an adjustment process in place to assist members who are unable to pay the full amount. To be equitable to all members, our approach is designed to provide the assistance appropriate for each member. **Please complete this form in its entirety**, so that we can determine your fair contribution.

The data you furnish on this form will be kept **completely confidential**, known only to the Good and Welfare Committee and select members of the staff.

You are welcome to request a meeting with the Financial Secretary, if you wish to discuss your dues adjustment application. **Once your request has been submitted, please allow 10 days for a decision to be made and a revised bill to be sent out.**

All members of the shul are asked to participate in the VST - Volunteer Security Team. We need you for two 30-minute shifts once a month on Shabbat to assist our external security guards and keep our members safe by ensuring no unwanted guests enter CTO.

* First Name _____

First Name of spouse, if applicable _____

* Last Name _____

* Email _____ * Phone Number _____
(best number to reach you at)

Total Family Income:

* Social Security

* Pension

* Other Income

Expenses:

* Association Fee

* CVW Fee

* Cost of other home(s)

* Transportation

* Other regular expenses

Utilities, etc

* Total expenses

Accommodation Requested:

* Dues reduction to:

total amount of dues you can pay

* Capital Repair reduction to:

total amount of Capital Repairs you can pay annually for the first 5 years of your membership

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* Please advise of the circumstances we should consider when adjusting your dues

* How will you be making your payments?

☐ Full Payment ☐ Semi-Annual Payments ☐ Quarterly Payments ☐ Monthly Payments

* Payment Methods

☐ Credit Card ☐ Check ☐ Post-Dated Checks

If you select credit card please provide your Credit Card Number

Card number:

Exp Date:

CSV Number:

Billing Address:

☐ Charge my Card On File Monthly for any new pledges that I/We make.

☐ In order for 100% of my donation to go to CTO, I would like to cover the credit cards fees.

Our shul relies on membership dues to provide services and facilities for the members of our community. The details you are providing above are being used as the basis upon which the community is subsidizing your responsibility and your signature below confirms the accuracy of this information. The Shul reserves the right to seek verification of the information provided.

I/we certify that the above information is accurate:

Sign and Date

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