

2023-2024 L'Shalom Membership Commitment

NAME(S)	
ADDRESS	
PHONE EMAIL	
Please make any necessary updates to the information above.	
☐ We are pleased to make a <i>L'Shal</i> om membership gift for 2023-2024 at the sugges of \$2,700. (Multi-adult household)	ted amount
\square I am pleased to make a <i>L'Shalom</i> membership gift for 2023-2024 at the suggested \$1,350. (Single adult household)	d amount of
☐ I/We are pleased to make a <i>L'Shalom</i> membership gift for 2023-2024 in the amou \$	nt of
Gifts greater than the suggested amount will be recognized as a donation to Above	& Beyond.

Please complete the reverse side of this form and return it by Tuesday, June 26, 2023.

IF WE DO NOT HEAR FROM YOU BY JUNE 26, WE WILL ASSUME THAT YOU ARE SUPPORTING OUR COMMUNITY AT THE SUGGESTED AMOUNT.

THANK YOU!

2023-2024 L'Shalom Membership Commitment

By check I/We authorize Temple Shalom to charge my/our credit card (Visa, MasterCard, Discover, American Express)* Account Number:	SCHEDULE
One payment in July Quarterly payments (July and October 2023, January and April 2024) Monthly (12 months - July 2023 through June 2024) Please contact me to make other arrangements METHOD ACETHOD ACETHOD	
Quarterly payments (July and October 2023, January and April 2024) Monthly (12 months - July 2023 through June 2024) Please contact me to make other arrangements METHOD Uggested amount: Single (\$1,350) Multi-adult (\$2,700) Other amount \$	
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I/We authorize Temple Shalom to charge my/our credit card	Suggested amount: 🗌 Single (\$1,350) 🗌 Multi-adult (\$2,700) 🗌 Other amount \$
(Visa, MasterCard, Discover, American Express)* Account Number:	☐ By check
Print name as it appears on card: Billing address: I/We authorize Temple Shalom to debit my/our checking account. ACH (Please attach a voided check) * I/We want to make a transfer of securities (e.g. stock) or transfer funds from an IRA (Please contact the Temple Shalom office at 239-455-3030) I/We will pay via credit card using the Temple's secure, online portal at naplestemple.org/payment.php	☐ I/We authorize Temple Shalom to charge my/our credit card (Visa, MasterCard, Discover, American Express)*
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	Name(s): Date:
ignature(s):	Signature(s):
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*Automatic credit card and ACH debit withdrawals are processed near the 15th of the month. NOTE: You may change your payment method at any time by contacting the Temple office at 239-455-3030.

Thank you for your support of our One Family.

All contributions to Temple Shalom are tax deductible to the extent allowed by law.