

Annual Financial Commitment Fiscal Year: July 1, 2023-June 30, 2024

They shall not appear before the Eternal empty handed, but each with their own gift, according to the blessing that the Eternal, your God has bestowed upon you. (Deut. 16:16-17)

Every household at Congregation Ohr Tzafon is an equal part of our community no matter what their financial commitment. However, we trust that our members will realize COT functions only with each and every member's financial support.

All financial information is strictly confidential.

Please choose one of the following levels for your Annual Financial Commitment:

| [] Tree of Life Member | \$5,000 | |
|--------------------------|---------|--|
| [] Simcha Circle Member | \$3,000 | |

[] Chai Plus Member \$1,980 [] Sustaining Member (Family) \$1,560 [] Sustaining Member (Single) \$1,155

• If your financial situation does not allow you to afford one of the categories of support listed above, please complete the Hardship Request on the reverse side of this form.

PLEASE INDICATE YOUR PREFERRED PAYMENT SCHEDULE

| [] Annual | [] Twice a year | [] Quarterly | [] Monthly | |
|---------------------|------------------|---------------|-------------|-----|
| | | | | |
| Name (please print) | Signature | | Da | ate |

Please return this form to:

COT Treasurer, 2605 Traffic Way, Atascadero, CA 93422

HARDSHIP REQUEST FOR CONSIDERATION Fiscal Year: July 1, 2023-June 30, 2024

| | | Annual | Monthly |
|-----|--|-------------------|---------|
| 1. | Base Amount (check one): □ Family (\$1,560) □ Single (\$1,155) | \$ | . \$ |
| 2. | Requested Reduction (as %) | % | _ |
| 3. | Requested Reduction (in \$) (multiply line 1 x line 2) | \$ | . \$ |
| 4. | Requested Payment (subtract line 3 from line 1) | \$ | \$ |
| Pl€ | ease give a brief explanation regarding the reason/need | for this request: | |
| | <u> </u> | | |
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The Dues Committee will review your request and respond with confirmation of request or any questions within two weeks. Thank you for your patience.