

Havurah Shir Hadash
חבורת שיר חדש
P.O. Box 1262
Ashland, OR 97520



(541) 488-7716

2011-2012 PLEDGE FORM

Please submit your pledge form with first payment by July 1, 2011.

Your membership is valued. We invite you to enhance our community with your financial contributions. Your continued volunteer participation is valued as well.

Member name(s): _____

Address: _____

Phone number(s): _____ **Email:** _____

Date: _____

Annual Membership Dues

Suggested 2% of gross income, 3% if capable

Minimum dues: individual \$360, family \$540

No one is denied membership for financial reasons.

For the one-year period beginning July 1, 2011 through June 30, 2012, I pledge annual membership dues of: \$ _____.

I am donating an additional \$36 to support ALEPH (optional this year only) ___yes ___no

Payment Method and Frequency Options:

- One time payment Full Payment enclosed *Charge my credit/debit card
- Monthly 1st Payment enclosed *Charge my credit/debit card
- Quarterly 1st Payment enclosed *Charge my credit/debit card
- Semi-annually 1st Payment enclosed *Charge my credit/debit card

I am an inactive member of the Havurah. I prefer to be an Honorary Member with no expectation for volunteering. I am happy to make an Honorary Membership pledge of \$_____ (\$720 minimum).

- One time payment Full Payment enclosed *Charge my credit/debit card
- Monthly 1st Payment enclosed *Charge my credit/debit card

Debit/Credit Card Information

**Please note even if you currently are on autopay we do need the credit card information to be completed below.*

Please circle one: MasterCard Visa Discover American Express

Card #: _____ Expires: ____/____ 3-digit code _____

Name on Card (please print) _____

Signature _____