

Kehilla Membership 2017-2018 Dues Pledge Form

Recognizing that members have varying financial resources, we have set up our sliding scale fees based on income and household situation. Please select a pledge amount from the choices below.

Membership dues fund more than 50% of Kehilla's budget and are essential for successful operations.

We ask that you pledge as generously as you are able.

First Adult Member

First Name _____ Last Name _____

Address _____

Email _____ Home Phone Number (____) - ____ - ____

Cell Phone Number (____) - ____ - ____ Preferred Phone: ___home ___cell

Second Adult Member

First Name _____ Last Name _____

Email _____ Cell Phone Number (____) - ____ - ____

INDIVIDUALS OR ONE-INCOME HOUSEHOLD

I'm under 30 and will pledge \$200 - \$600 \$ _____

I'm 30-39 and will pledge \$600 - \$2,200 \$ _____

I'm 40 - 64 and will pledge \$1,600 - 5,000 \$ _____

I'm 65 or older and will pledge \$500 - \$5,000 \$ _____

I have youth age 13-19 in my household and will pledge an extra \$50-\$140 per youth. \$ _____

I will not be able to fulfill 10 hours of Avodah/volunteer service to the Kehilla Community, and will add \$100 to my pledge per adult. \$ _____

TOTAL MEMBERSHIP PLEDGE \$ _____

TWO-INCOME HOUSEHOLD

We're under 30 and will pledge \$400 - \$900 \$ _____

We're 30-39 and will pledge \$900 - \$3,000 \$ _____

We're 40-64 and will pledge \$1,800 - 6,000 \$ _____

We're 65 or older and will pledge \$800 - \$6,000 \$ _____

We have youth age 13-19 in our household & will pledge an extra \$50-\$140 per youth. \$ _____

We will not be able to fulfill 10 hours of Avodah/volunteer service to the Kehilla Community, and will add \$100 per adult to our pledge. \$ _____

TOTAL MEMBERSHIP PLEDGE \$ _____

Kehilla Synagogue is committed to making membership accessible to all regardless of financial resource. If you are unable to pay within our sliding scale dues structure, we can work out an alternative dues arrangement.

Please contact Executive Director Michael Saxe-Taller (510-547-2424 x101, Michael@kehillasynagogue.org) to have a confidential conversation and work out an alternative arrangement.

(continued on reverse)

Payment Method:

___ Check - **Preferred**, as we do not incur service charges.

For recurring payments, may we suggest setting them up through online banking.

___ Credit Card - We ask that you contribute an additional 2% of your total dues pledge to help offset Kehilla's credit card fee costs. **Please complete credit card information and authorization below.**

___ Gift of Stock or other Securities - Please contact Molly Melamed at (510) 547-2424 ext 102.

Total Membership Pledge (from first page): \$ _____

2% fee for credit card payments (.02 x pledge amount , if applicable): \$ _____

Total Pledge Amount \$ _____

Payment Options:

___ I/we will pay the full Membership Pledge amount in one payment.

___ I/we will make _____ payments of \$ _____ to Kehilla, due in full by June 30, 2018.

Credit Card Information & Authorization:

Name on card: _____ Please circle one: Visa Mastercard AMEX

Card number: _____

Expiration Date: ___ / ___ 3-digit code on back of card: _____

Signature: _____ date: _____

Please return your completed membership pledge form to:

Kehilla Community Synagogue
1300 Grand Avenue
Piedmont, CA 94610