

# Kehilla Synagogue Membership 2018-2019 Dues Pledge Form

Please begin by using the information below to determine your pledge amount:

We offer different membership pledge levels based on age and number of income-earners. This is in no way meant to imply that people of a certain age should be making a certain income but are suggestions to help guide your thinking. If you can pay more (or less) than suggested in your age group, please adjust your pledge accordingly.

## RENEWING/RETURNING MEMBERS

### Individuals or One-Income Households

Under 30: \$200 - \$600  
30-39: \$600 - \$3000  
40 – 64: \$1,600 - \$6,000  
65 or older: \$500 - \$6,000

### Two-Income Households

Under 30: \$400 - \$900  
30-39: \$900 - \$4,000  
40-64: \$1,800 - \$8,000  
65 or older: \$800 - \$8,000

## SPECIAL FIRST YEAR MEMBER RATES

### Individuals or One-Income Households

Under 30: \$150  
30-39: \$550  
40-64: \$700  
65 or older: \$450

### Two-Income Households

Under 30: \$350  
30-39: \$850  
40-64: \$1000  
65 or older: \$750

## SPECIAL FIRST YEAR SCHOOL FAMILY RATES

One-Income Households: \$200 per family

Two-Income Households: \$400 per family

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## Member Information

### Household address

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Primary Contact Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Cell: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Preferred Phone: \_\_\_\_ cell \_\_\_\_ home

Additional Adults in Household

Adult 1

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Cell: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Preferred Phone: \_\_\_\_ cell \_\_\_\_ home

Payment

Payment Method:

\_\_\_\_ Check (Preferred, as we do not incur service charges)

\_\_\_\_ 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 on the next page.**

\_\_\_\_ 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, 2019.

Credit Card Information & Authorization:

Name on card: \_\_\_\_\_

Please circle one: Visa / Mastercard / AMEX

Card number: \_\_\_\_\_

3-digit code on back of card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Today’s Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please return your completed membership pledge form to:  
Kehilla Community Synagogue 1300 Grand Avenue Piedmont, CA 94610