

Kehilla Synagogue Membership 2019-2020 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

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): \$ _____ 3% fee for credit card payments (.03 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