Congregation Beth Shalom Membership Renewal 2018-2019

Congregation Beth Shalom is committed to excellence – in programming, staffing, and service. Excellence includes meeting our budget. We exist today because our predecessors recognized and fulfilled their financial responsibilities to the Congregation. YOUR commitment to conscientious dues support helps assure that Beth Shalom will be here to support future generations. To meet the commitment to the present and future of Congregation Beth Shalom, and to manage our budget, the Board of Directors has established the following fair share plan:

<u>Form Submission</u> You can fill out this form and mail or hand deliver it to the office. You can also fill out the form, scan it, and email it to info@bethshalom.org, or fill out an online version of the form on the CBS homepage. Instructions for the online form are available within the online form itself.

NAME			
ADDRESS		CITY	ZIP
PHONE		☐Home ☐Cell ☐Busine	ess
ALT PHONE		Home	Business
EMAIL			-
The recommende	d Fair Share Commitmen	t for fiscal year 2018 - 2019	is \$1,500.00 per Family.
My commitment I am unable to ple	for 2018-2019 edge my Fair Share, but c	an pledge:	\$
Includes recogni	an my Fair Share (any am Benefactor Silver Donor Gold Donor Platinum Donor ition in the HaShomer er not to be recognized in	\$1,800.00 \$2,000.00* \$2,200.00* \$2,300.00 and up*	\$
Mandatory maintenance fund			\$
I would like to re \$300.00 a year fo	instate my Building Fund ryears	Pledge	\$
		TOTAL for 2018-2019:	\$

I understand that my total fair share commitment, maintenance fund, and new building fund pledge for the current year must be fulfilled by June 30, 2019.

Congregation Beth Shalom Fair Share Renewal 2018-2019

So that we may budget our income and expense, please help by indicating in the space below how and when you expect to be making your fair share pledge payment(s).

I expect to pay my Fair Share Pledge as follows:
☐ Monthly Installments ☐ Quarterly Installments ☐ In Two Installments payments; 1 st Payment in, 2 nd Payment in ☐ Single Payment in
Other:
PLEASE ATTACH YOUR FIRST, OR FULL PAYMENT FOR THE YEAR. (Making your first payment early really helps!) Please charge \$ to my Credit/Debit Card
Card # Expiration date/ Security code:
☐ Check here if you wish to have future installments charged to this card.
My check is enclosed for \$
NOTE: Statements for outstanding balances will be sent by electronic mail. Please be sure to watch for these, as paper bills are only sent to those with no computer access.
Signature Date
REQUESTS FOR INFORMATION:
From time to time the Sisterhood, Brotherhood or various committees may request address or phone number to publicize their activities. We do no share information with entities outside of Congregation Beth Shalom.
If you prefer <u>not</u> to have your information shared, please indicate below:
Please do not share my: Address Phone Cell phone Email
THANK YOU FOR YOUR CONTINUED SUPPORT OF BETH SHALOM

RETURN THIS FORM WITH YOUR FIRST PAYMENT BY JULY 31, 2018

Congregation Beth Shalom 1212 Thannisch Drive Arlington TX 76011 (817) 860-5448