



CONGREGATION BETH SHALOM

A conservative, egalitarian synagogue

Fair Share Dues Agreement 2018/2019

PERSONAL DATA

Name 1: _____

Name 2: _____

Address: _____

City: _____ State: _____ Zip: _____

OTHER CONTACT INFORMATION

Phone 1: _____

Phone 2: _____

Email 1: _____

Email 2: _____

Fax: _____

DUES COMMITMENT:

Based on the Fair Share Guideline, my dues for the year starting June 1, 2018 are _____. *Please note that dues should not be under 2% of your income.* Members whose circumstances require otherwise should call or write the Executive Director. Members joining mid year (our fiscal year runs from June 1-May 31) should determine yearly dues and then the office will pro-rate the amount.

PAYMENT PLANS:

- Monthly** — 10% of dues commitment, payable on the 1st of each month, June 1 through March 1 (ten equal payments).
- Quarterly** — 25% of dues commitment, payable on the 1st of June, September, December and March (4 equal payments).
- Semi-Annually** — 50% of dues commitment, payable on the 1st of June and December (2 equal payments).
- Annually:** — 100% of dues commitment, payable by September 1.

PAYMENT METHOD:

I would like to pay for my dues with:

- Check(s) Post dated Checks Automatic Credit Card Authorization*

Including Bill Pay checks

Please see reverse side for credit card authorization form.

* Your card will be charged during the first week of the month. We accept **Visa and MasterCard** only.

6800 35th Ave NE, Seattle, WA 98115

Phone: 206.524.0075 ✪ Fax: 206.525.5095 ✪ Email: welcome@bethshalomseattle.org ✪ Web: www.bethshalomseattle.org

CONGREGATION BETH SHALOM

CREDIT CARD PAYMENT:

Please check one: Visa Mastercard

Card Number: _____ - _____ - _____ - _____

Exp ___/___ Security Code: ___ ___ (3 digits on back of card)

I (we) hereby authorize Congregation Beth Shalom to automatically charge my credit card, the dues amount as indicated by the schedule on the previous page. It is my responsibility to notify CBS of any changes to my credit card information. If my card does not go through, I understand I must make other payment arrangements.

Signature: _____ Date: _____

MESSAGE OF INTENT:

It is my / our intent to fully uphold this obligation. Unless other authorized arrangements are made with the Executive Director, I understand that if I do not pay as agreed, I will not receive High Holiday tickets or any benefits of membership.

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Prorated Dues: _____

Membership Start Date: _____

Kiddush Fee: _____

Sustaining Fund \$ _____ /year x 5 years begins _____