

# Congregation Kol Shofar

## 2018/2019 Membership Contribution

Name  
Address

Dear

It is again that time of year during which we ask you to reflect on your commitment to our kehillah kedoshah, our sacred community. Just as we each bring a unique set of gifts and spark of the divine important to the building of our incredible sacred community, we each also share in the responsibility of meeting the financial needs of our congregation. This shared responsibility is again unique for each of us, yet equal in importance.

### SUSTAINING LEVEL

Many of our members ask for guidance on what a family might give in order to sustain the congregation. Continuing to operate Kol Shofar at its current high level depends on an average membership contribution of **\$3,600 for two-adult households** and **\$2,875 for one-adult households**. While we hope you can support Kol Shofar at this level, participating in Jewish life shouldn't be a source of financial anxiety. Please **contribute to our community as a gift from your heart and according to your capacity**. Your contribution, whatever the level, is important to sustaining our thriving congregation.

### HONORARY LEVELS

We encourage people who have the means to give at one of the honorary levels. This enables our congregation to include and provide for those who are unable to give at sustaining levels.

Visionaries	\$10,000 and above
Benefactors	\$7,500 - \$9,999
Leaders	\$5,000 - \$7,499
Guardians	\$3,700 - \$4,999

Those who increase their membership contribution by 10% over their 2017/2018 pledge or contribute at an honorary level will be recognized during the year.

### MEMBERSHIP PLEDGE FOR 2018/2019

- I am making a membership contribution of \$ \_\_\_\_\_  
(Please see last page for payment options).
- I would also like to donate \$500 to sponsor a Kiddush. (Staff will contact you for details).

**TOTAL Tax Deductible Contribution to Kol Shofar \$ \_\_\_\_\_**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### HIGH HOLY DAY INFORMATION

Members receive High Holy Day tickets for your household and an opportunity to purchase reduced rate tickets for friends & family. Service option information and parking passes will be distributed in August. We reserve ample parking for our congregants who need close and accessible parking. Because of the complicated logistics around assigning and distributing parking passes, all other **parking lots will be assigned as membership renewals are received**.

Please return this form by June 30<sup>th</sup> so that we may effectively plan for the coming year.

*Thank you for your generosity and commitment to the Kol Shofar community. Please contact Elan with questions at [ecoplin@kolshofar.org](mailto:ecoplin@kolshofar.org) or (415) 388-1818, ext. 106.*

## PAYMENT OPTIONS

Please note: Paying by check or bank draft avoids credit card fees. If you pay by credit card, please add 2% to cover the cost of fees charged to Kol Shofar.

- By Check:
  - Full payment by check enclosed
  - 10 pre-dated checks enclosed
  
- Bank draft (please complete the attached bank draft form and provide a voided check)
  - Monthly: 10 equal payments (July 2018 - April 2019)
  - Monthly: continue monthly drafts with the account on record
  
- Credit card (please complete the attached credit card/debit card authorization form)
  - Monthly: 10 equal payments (July 2018 - April 2019) with card on file or form attached
  - Full payment: I have completed the attached credit/debit card authorization form
  - Add 2% to cover the credit card administrative fee

### CREDIT CARD AUTHORIZATION

If you have a credit card or bank draft authorization with us, you do not need to complete this form.

Name (as it appears on card): \_\_\_\_\_  
 Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ V code: \_\_\_\_\_  
 Amount: \$ \_\_\_\_\_ Card Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### AUTHORIZATION FOR AUTOMATIC PAYMENTS FROM BANK ACCOUNT

Please complete the following information if you do not already have a bank draft agreement set up and wish Kol Shofar to use Bank Draft for payments as listed below. We will bill equal monthly payments from your approved bank account.

Name on Account:	Bank Name & Branch:	
Payment Frequency: <input type="checkbox"/> 10 <sup>th</sup> of each Month * <input type="checkbox"/> 25 <sup>th</sup> of each Month <i>*If no date is selected, payment will be made on the 10th</i>	Bank City, State & Zip:	
Month of First Automatic Payment:	Bank Account No:	Bank Routing Number:
<b>** PLEASE ATTACH A VOIDED CHECK</b>		

*For alternative payment options, please contact our accounting office at  
 (415) 388-1818 ext. 102 or AccountingDept@kolshofar.org.*

\*\*Please Note: Kol Shofar charges a \$25 returned check fee for insufficient funds in your account.