

TEMPLE ISRAEL MEMBERSHIP COMMITMENT FORM

JULY 1, 2011 – JUNE 30, 2012

For Temple Israel to meet its obligations, it is important for members to contribute their membership support on a timely basis. For your convenience, three payment options are available. Please sign your commitment and return it to the Temple.

LEADERSHIP CIRCLES (Leadership Circles include public recognition of your generosity.)			
The Bridge	\$10,000	Mitzvah Circle	\$3,600
President's Circle	\$5,000	Grand Council	\$3,000
GENERAL MEMBERSHIP			
Household Membership	\$2,195	Individual Membership	\$1,495
Young Adult Household (26-30)	\$360	Young Adult Individual (26-30)	\$250
25 and Under	Membership is complimentary (life cycle events not included)		
New in the Neighborhood	Membership is complimentary for people during their first year living in the temple's neighborhood (Zip codes 33131, 33132 or 33137). (Life cycle events not included.)		
Families with children enrolled in the ECC	ECC tuition discount applies to the youngest child of families joining at the household level or higher.		

No one will be refused membership based on an inability to pay. This policy is made possible through the generosity of our Leadership Circles. Congregants who have difficulty meeting the general membership commitment are encouraged to contact Linda Levin at (305) 573-5900, ext. 414 or email her at llevin@templeisrael.net. Each situation will be addressed with confidentiality.

Having reviewed the suggested schedule and evaluated my financial ability with regard to Temple Israel's needs, I hereby pledge my annual commitment for the year 2011-2012:

<p style="text-align: center;">YOUR 2011-2012 COMMITMENT</p> <p>Commitment Amount \$ _____</p> <p>Additional Voluntary Contribution \$ _____</p> <p>Total Amount Due \$ _____</p> <p>Amount Enclosed \$ _____</p> <p>Balance Due \$ _____</p>	<p>_____ Name (please print)</p> <p>_____ Member's Signature</p> <p>_____ Date</p>
<p>PAYMENT OPTIONS:</p> <p>_____ One payment for the full amount enclosed with this form.</p> <p>_____ Quarterly payments. (July/ October/ January/ April)</p> <p>_____ Monthly payments.</p>	<p>PAYMENT TYPE:</p> <p>_____ By check.</p> <p>_____ By Mastercard or Visa for all payments.</p> <p>_____ By Mastercard or Visa for this payment only.</p>

CREDIT CARD AUTHORIZATION:

I authorize Temple Israel of Greater Miami to charge my _____ Mastercard _____ Visa

Card # _____ Exp Date: _____ Security Code: _____

Name as it appears on the card _____ Cardholder's Signature _____

Billing Address: _____

My billing address is as shown below

IF YOU ARE NOT ON A PAYMENT PLAN,
AT LEAST HALF OF YOUR
MEMBERSHIP CONTRIBUTION
IS DUE BEFORE THE HIGH HOLY DAYS
IN ORDER TO RECEIVE ADMISSION CARDS.