



Membership Financial Commitment Form
Congregation Chevra Thilim
 (July 1, 2020 – June 30, 2021)

Name: _____

Thank you for your financial support of Congregation Chevra Thilim. On this form we request that you acknowledge your financial commitment to Congregation Chevra Thilim for this year.

Standard Membership

Family	Individual
\$1200	\$ 600

Young Adults (under the age of 30)

Family	Individual
\$800	\$500

Gaon Membership

Chai/Life Membership	\$1800 annually	_____
Chesed/Kindness Membership	\$3600 annually	_____
Keter Torah/Crown of Torah Membership	\$5400 annually	_____

Payment Schedule:

_____ Full amount now
 _____ Quarterly (July 2020, October 2020, January 2021, April 2021)

Method of Payment:

_____ Pay by check. Amount enclosed: \$ _____
 _____ Pay by credit card. Amount to charge: \$ _____ see form below.

_____ I authorize Congregation Chevra Thilim to charge my credit card in the amount of _____.

Name as it appears on card: _____

Visa/MasterCard Number: _____

Expiration Date: _____ cvv _____ Signature: _____

We would like to acknowledge your birthday at Chevra, please let us know you and your family member's birthdates:

Name: _____ Birthday: _____ Name: _____ Birthday: _____

Name: _____ Birthday: _____ Name: _____ Birthday: _____

Name: _____ Birthday: _____ Name: _____ Birthday: _____