



NEW MEMBER ANNUAL GIVING APPLICATION

Applicant(s): _____ Date: _____

STEP ONE: SELECT YOUR ANNUAL GIVING LEVEL

It is our goal that all new members be at an annual giving level of Sustaining Member or higher, as defined below, unless there is extreme hardship in meeting that obligation.

[] OPTION A – BENEFACTOR’S CIRCLE We (I) elect to make an annual contribution of \$ _____

- [] Pillar – \$4,200+ [] Visionary – \$12,000+
[] Builder – \$5,400+ [] Sage – \$18,000+
[] Creator – \$7,200+
[] Guardian – \$10,000+

(Additional fees, including building repair fund, are included in your Benefactor commitment.)

[] OPTION B - SUSTAINING- \$3,250+

In addition to annual dues, the sustaining level pays \$300 for the building repair fund but all other fees are included in your annual giving.

[] OPTION C – FAMILIES WITH CHILDREN ENROLLED AT THE GOLDBERG MONTESSORI SCHOOL

Our family has children enrolled the Goldberg Montessori School, entitling us to a discount of 1/4 off our annual giving level we have selected under Option A above.

[] OPTION D – FAMILIES WITH YOUNG CHILDREN

Our family has children age 13 or under who are currently enrolled in a Jewish day school or Brith Shalom religious school, entitling us to a discount of 1/4 off the first-year annual giving level we have selected under Option A or B above.

[] OPTION E – YOUNG MEMBERS (based on age of oldest family member)

- [] I am age 29 or younger and entitled to pay an annual giving amount equal to my age, plus security fee.
[] The oldest member of our household is age 29 or younger, entitling us to pay an annual giving amount equal to our combined ages, plus security fee.
[] I, or the oldest member of our household, is age 31 or younger, entitling me (us) to discount of 1/3 off the annual giving amount we have selected under Option A or B above.

For each adult member of your household, please identify:

Member 1: _____ Age: _____ Date of Birth: _____

Member 2: _____ Age: _____ Date of Birth: _____

[] OPTION F – ALTERNATIVE ANNUAL GIVING

If the annual giving levels discussed above are beyond your means, please contact Elliot Gershenson, Financial VP, at elliot@gershensonconsultingllc.com or 713-899-1980 to discuss alternatives. Financial need is never an impediment to membership.

- [] I (we) have spoken to Elliot Gershenson and we have agreed on the annual contribution level identified in Step Two below.

STEP TWO: OPTIONAL CONTRIBUTION TO AUXILIARY ORGANIZATIONS

Please check the appropriate option below:

- Sisterhood (\$41) Men's Club (\$36) Opt out of Sisterhood/Men's Club
 (must opt out annually)

STEP THREE: CALCULATE YOUR ANNUAL SUPPORT

Annual Giving Commitment (from Step One)	\$ _____
Add-on Fees (Applicable only if your annual giving commitment in Step One is below the Benefactor Level). If that is the case, please add the following:	
1. Building Repair Fund Fee (sustaining level only)	\$ _____
2. USCJ (Our affiliation with the Conservative Movement-included in Benefactor and Sustaining level giving)	
\$90 if your annual giving commitment from Step Two is ▶ \$499	\$ _____
\$45 if your annual giving commitment from Step 2 is \$191-\$499	\$ _____
\$0 if your annual giving commitment from Step Two is ◀ \$191	\$ _____
3. Security Fee (\$125 or \$40 for young members – option D only)	\$ _____
TOTAL	

STEP FOUR: SELECT YOUR PAYMENT METHOD

Our fiscal year begins on July 1. Payments are due or charged on or about the first of each month for monthly payers (10 months July-April) and on or about July 1, October 1, December 24 and April 1 for quarterly payers. **Payments made by automatic bank withdrawal will be debited from your account on or about the 10th of each month. Your first payment must be at least equivalent to one quarter's (three months) annual giving and must be made when you return this form.**

**Please note: First year annual giving amounts maybe calculated on a prorated basis over 10 months upon request only.

<input type="checkbox"/>	AUTOMATIC BANK WITHDRAWAL	<input type="checkbox"/> Monthly (debited on the 10 th) <input type="checkbox"/> Quarterly <input type="checkbox"/> Bank Name _____ <input type="checkbox"/> Routing No. _____ <input type="checkbox"/> Acct. No. _____
<input type="checkbox"/>	CREDIT CARD <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER CARD	<input type="checkbox"/> a complete annual payment <input type="checkbox"/> automated quarterly payments <hr/> CREDIT CARD ACCOUNT NUMBER EXP. DATE CVV CODE NAME ON CREDIT CARD <hr/> STREET ADDRESS CITY ST ZIP CODE
<input type="checkbox"/>	DONATED STOCK	An appropriate form for making your donation will be sent to you.
<input type="checkbox"/>	CHECK (THIS OPTION IS ONLY AVAILABLE FOR ONE-TIME ANNUAL PAYMENT OPTION)	<input type="checkbox"/> an attached complete annual payment

STEP FIVE: SIGN AND DATE THIS FORM

We (I) agree to pay annual giving in the amount and by the means described above. If credit card payment or automatic bank withdrawal has been selected in Step Four, the Congregation is authorized to charge our (my) credit card or debit our (my) checking account as indicated. We understand that from time to time this amount may change due to our adding items to be billed to our account and authorize the Congregation to adjust the charge as appropriate.

Signature of Applicant Date Printed Name

Signature of Co-Applicant Date Printed Name

FOR OFFICE USE ONLY: Approved as outlined above Approved as described below

Other _____

Financial Vice President Date

Please fill out and send as an attachment to Cherye-Ann DeLong at exec.asst@brithshalom.org