

CONGREGATION BETH ISRAEL

Confidential Membership Contribution Relief Request Form 2019-20

Please complete information contained on this form to request membership contribution relief for the current fiscal year to the best of your ability. This information is essential in order to determine an appropriate annual membership contribution pledge based on your individual circumstances. Please note that Congregation Beth Israel is a not-for-profit 501 (c) 3 religious institution and that the generosity of our members makes it possible to operate our Kehilah Kedosha ("Holy Community") for our members and guests, to supply services to our congregational members and to provide Jewish rituals, life cycle events and learning programs for a large constituency. Of course, the information you provide will be treated with strict confidentiality and will not be shared outside of our Membership Contribution Relief Committee.

MEMBER 1 _____ AGE: _____

MEMBER 2 (If applicable) _____ AGE: _____

MARITAL STATUS _____

ADDRESS _____

CITY _____ ZIP _____

OCCUPATIONS OF APPLICANT _____

POSITION OF EMPLOYMENT _____

EMPLOYER _____ PHONE _____

OCCUPATION OF SPOUSE/PARTNER _____

POSITION OF EMPLOYMENT _____

EMPLOYER _____ PHONE _____

Previous synagogue affiliation (if returning to Congregation Beth Israel, please include)

Name _____ date from _____ to _____

CITY & STATE _____ Membership Contribution Paid _____
Building Fund Pledged/Paid: _____

NAMES & AGES of CHILDREN CURRENTLY ATTENDING CHANEN PRESCHOOL:

NAMES & AGES of CHILDREN CURRENTLY ATTENDING RELIGIOUS SCHOOL:

BAR OR BAT MITZVAH DATE OF CHILD/REN (For Current CBI Members Only):

NAMES & AGES of CHILDREN WHO HAVE/WILL ATTEND CAMP DAISY & HARRY STEIN:

PLEASE PROVIDE CIRCUMSTANCES AND/OR EXPENDITURES REQUIRING YOU TO ASK FOR RELIEF THIS YEAR? (Please be as detailed as possible)

THIS YEAR FOR MY MEMBERSHIP CONTRIBUTION, I PLEDGE THE AMOUNT OF _____.

Each family has unique obligations and is therefore considered on an individual basis. The Membership Contribution Relief Committee pledges to respect the same individual confidentiality for each family. Please do not share the final decision regarding our arrangements with you with other families/individuals within our community. Thank you, in advance, for your trust.

Signature of applicant _____ Date _____