

# mishkon tephilo

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## 2016-2017 Membership Dues Form

Mishkon Tephilo is open to all Jews, regardless of income. Our ability to welcome all Jews who wish to be a part of our community depends on the generosity of our congregants. We ask that you be thoughtful about your financial ability to contribute and, if you are able, to consider pledging at a higher level so that Mishkon can remain open to those who could not otherwise afford to be part of our community. **If every member were to contribute at the Chai level, Mishkon would be able to cover its expenses for the coming year with virtually no additional fundraising.**

Please check one below:

Standard Levels	Monthly*	Annually
<input type="checkbox"/> Senior Individual	<b>\$76</b>	<b>\$910</b>
<input type="checkbox"/> Senior Family	<b>\$86</b>	<b>\$1,030</b>
<input type="checkbox"/> Individual	<b>\$119</b>	<b>\$1,425</b>
<input type="checkbox"/> Family	<b>\$152</b>	<b>\$1,820</b>
<input type="checkbox"/> Preschool	<i>included in tuition</i>	
Honor Levels	Monthly*	Annually
<input type="checkbox"/> Chai Member	<b>\$182</b>	<b>\$2,180</b>
<input type="checkbox"/> Supporting Member	<b>\$273</b>	<b>\$3,270</b>
<input type="checkbox"/> Sustaining Member	<b>\$364</b>	<b>\$4,360</b>
<input type="checkbox"/> Benefactor	<b>\$545</b>	<b>\$6,540</b>

\* Please note, if you start your pay plan later than July, your monthly charge will be adjusted proportionately.

Name(s) (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email(s): \_\_\_\_\_

Do you prefer to be emailed or called? \_\_\_\_\_ Phone: \_\_\_\_\_

### Please check payment method below:

Paying in Full Now:

- Pay Online at [www.mishkon.org/donate](http://www.mishkon.org/donate)     Check Enclosed  
 Bill My Credit /Debit Card in Full (see box below)

Setting Up Monthly Payments of:

- Post-Dated Checks Enclosed     Bill My Credit /Debit Card Each Month (see box below)

I would like to donate the 3% to cover the cost of Mishkon's credit card fee

*Mishkon does not add any fees for our pay plan, so please consider covering the cost of our credit card fee. Thank you for your generosity.*

### **CREDIT/DEBIT CARD INFORMATION – MASTERCARD, VISA, or DEBIT**

Name on Card \_\_\_\_\_

Credit / Debit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_ Zip Code: \_\_\_\_\_

Address: \_\_\_\_\_

*Our membership year is from July 1 to June 30 of each year. If you are on a monthly pay plan, your automatic payments will continue into the following year, reflecting any dues changes, unless we are notified otherwise.*

**Please return this signed form with your method of payment no later than June 30, 2016.**