

June 10, 2009

Re: 2009-10 Membership Dues Pledges

Dear Congregant,

Thank you for your membership and your continued support of Ohavi Zedek Synagogue. We hope that you're enjoying your summer and that your plans include relaxing and fun-filled time with family.

Please **complete the enclosed 2009 -10 Dues Pledge Form**, indicating your level of financial support for the upcoming fiscal year (July 1 to June 30, 2010), **and return it no later than Friday, July 3, 2009.**

This year, OZ's suggested dues and Hebrew School tuition fees are increased for the first time in several years. We recognize that this is an especially difficult year for many of our member families. OZ faces the challenges of rising costs just as our families do. This year, we also face significantly declining income. Not only are all manner of contributions down due to the economic climate, but the loss to our endowment has resulted in lower income to operations as well. We need your help to sustain OZ.

If every family contributed at the suggested dues, we would still fall short of the actual \$2,200 per family cost necessary to support our programs, education and events. Even in a normal year, many of our families are not able to pay the recommended dues. If you are unable to pay the suggested dues, we ask that you come as close to those recommended levels as you are able. At the least, we ask everyone, no matter what your dues level, to consider a 10% increase in dues from last year.

We encourage those of you who are able to become sustaining members at a dues level of \$2,832.50 plus the \$200 additional pledge to do so. In a year such as this, your generosity is much appreciated.

Every gift is significant and helps Ohavi Zedek continue to be a dynamic center of Jewish learning.

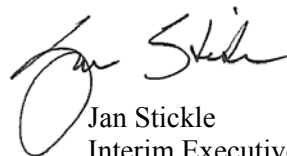
Please complete and return the enclosed 2009-10 Dues Pledge Form, along with your first check or automatic payment information and payment for any outstanding balances, no later than Friday, July 3, 2009. If you have any questions about our membership dues structure or if our records are inconsistent with yours, please contact Jan Stickle, interim executive director, at jan@ohavizedek.org or 864-0218, ext. 26, or Kate Hanson, kate@ohavizedek.org or 864-0218, ext. 24.

Thank you for being as generous as you are able so that together we will meet the needs of our entire Synagogue family.

Very truly yours,



Basha Brody
President



Jan Stickle
Interim Executive Director

OZ DUES PLEDGE FORM FOR FISCAL YEAR July 2009 - June 2010



Ohavi Zedek Synagogue
 188 North Prospect Street
 Burlington, VT 05401

Phone: (802) 864-0218
 Fax: (802) 864-0219
 x26 Jan Stickle, Interim Executive Dir.
 x24 Kate Hanson, Bookkeeper

ID: member ID

Name

Address 1

Address 2

City, State, Zip

Has your address changed? If so, please make corrections above directly on this form.

All pledges are completely confidential.

**Please download and attach Hebrew School registration forms from www.ohavizedek.org*

Summary	
Dues Pledge	
Operational Pledge	\$200.00
Hebrew School Tuition*	
K-2 nd grade \$400, 3 rd – 7 th grade \$650	
<i>Student name</i>	<i>Grade</i>
Total	
Voluntary Contributions	
please remit separately	
Hebrew School Scholarship Fund	
JTS (\$20)	
Sisterhood Dues (\$25)	

SUSTAINING MEMBER	\$2832.50 +
FAMILY	\$1732.50
FAMILY** 65 +	\$1292.50
SINGLE	\$1292.50
SINGLE 65 +	\$ 962.50
NON-RESIDENT	\$ 825.00
STUDENT	\$ 143.00

***Determined by age of older member*

Ohavi Zedek Synagogue never denies membership due to financial circumstances.

Thank you for being as generous as possible!

Need-based Hebrew School scholarships are available for members of Ohavi Zedek Synagogue.

Please contact Jan Stickle, Interim Executive Director jan@ohavizedek.com (phone: 802-864-0218 x26) for information.

Payment Options

Please choose the Schedule of Payment

- 1 payment (due July 2009)
- 2 equal payments (due July & December 2008)
- 4 equal, quarterly payments (due July & October 2008, January & April 2009)
- 10 equal, monthly payments (August 2008 through May 2009)

Please choose a Method of Payment

- Billing statements (for check payments or single credit card payments)
- Automatic payment via. credit card (complete form on reverse)
- Automatic payment via. funds transfer from a bank account (complete form on reverse)

Signature: _____ **Date:** _____

Please return this form today, along with your first check or automatic payment information. Thank you.

For Automatic Funds Transfer or Automatic Credit Card Payments

All credit card and ACH payments will be made on the first of each month, unless this presents difficulties for members. Thank you for helping to simplify this administrative process.

Choose a Schedule of Payment

Please choose a monthly schedule:

- 1 payment
(July 2009)
- 2 equal payments
(July & December 2009)
- 4 equal payments
(July & October 2009, January & April 2010)
- 10 equal payments
(August 2009 to May 2010)

Please choose pledges to be included
in your monthly draw:

- Dues
- Operational
- Hebrew School Tuition

Choose a Payment Method and Authorize

Automatic Funds Transfer Payments (preferred method – saves OZ money)

I authorize Ohavi Zedek Synagogue to perform withdrawals from my: checking savings account
If my automatic funds transfer payment fails to process due to insufficient funds or for any other reason, I authorize Ohavi Zedek Synagogue to collect a \$25 fee by electronic charge to my checking or savings account.

PLEASE ATTACH A BLANK, VOID CHECK TO THIS FORM.

Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Authorized Signature _____ Date _____

Credit Card Payments

I authorize Ohavi Zedek Synagogue to charge my: MasterCard Visa American Express
If my credit card payment fails to process due to credit limit issues or for any other reason, I authorize Ohavi Zedek Synagogue to collect a \$25 fee by electronic charge to my credit card account.

Name (as it appears on card): _____

Card Number: _____ Expiration Date: _____

Credit Card Billing Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Authorized Signature: _____ Date: _____