

*Every one shall give as he is able according to the blessing of the Lord,
Your God, which the Lord has given unto you. - Deuteronomy 16:17*

CONFIDENTIAL



Ohavi Zedek Synagogue
188 North Prospect Street
Burlington, VT 05401

Ohavi Zedek Synagogue strives to be a vibrant Jewish community in Vermont, embracing our traditions while actively participating in our changing Jewish world.

Member ID: _____

Name: _____

Address: _____

Our Shared Mission

- To nurture our personal and shared Jewish identities.
- To respond to the spiritual, educational, cultural and social needs of our community.
- To give expression to Jewish values through our commitment to the community at large.

****Please note:** Your support of Ohavi Zedek is greatly appreciated. As you consider your pledge, please keep in mind the many programs and services OZ provides. Take advantage of what OZ has to offer — and let us know of any ways in which your congregation can be of even more value to you.

Ohavi Zedek operates on a voluntary support dues model where members are expected to set their own commitment level and pledge their support based on an honest self-assessment of their ability to contribute rather than a fixed dues schedule. To meet our operating budget, roughly **\$1,650 per family needs to come from membership dues**. If you have it within your resources to be even more generous, we entreat you to consider pledging more than the sustaining \$1650 amount. Please realize that many members of the congregation simply cannot afford to give anywhere close to \$1650. Your generosity helps keep membership accessible to all.

SUGGESTED SUPPORT GUIDELINES	
Gross Household Income	Pledge Amount
\$0 - \$30,000	\$100-300
\$30,000 - \$60,000	\$300-1200
\$60,000 - \$90,000	\$1200-1800
\$90,000 - \$120,000	\$1800-3,600
\$120,000 - \$150,000	\$3,600 - \$4,500
\$150,000 -180,000	\$4,500 - \$5,400
Over \$180,000	\$5,400 or More

Membership dues are the cornerstone of our budget, and the key area where we need every member to contribute as much as they feel able. We raise additional funds needed through a combination of fundraising efforts, High Holidays seats, endowment interest, special gifts from donors, facilities rentals, and educational and program offerings.

If you are unsure of how much you should be paying, please refer to our guidelines (left) for suggestion.

When making your pledge, please hold in mind the reality of our **“sustaining dues” amount of \$1,650** and give as generously as possible.

A note about our “Facility Account” charge:

For \$72 a year (20 cents a day), all member families of the congregation will infuse this account with the resources that will enable us to address several priorities and retain a reserve to meet the challenges of an older building and any unforeseen costs. Only authorized facility costs can be drawn from the Facility Account. The intent is to eliminate the need to draw from the Operating Budget for these expenses.

We recognize that each family’s financial situation is different. Ohavi Zedek Synagogue never denies membership due to financial circumstances. All pledges are confidential. For questions or additional information please contact our Executive Director, Grace Oedel, for assistance at grace@ohavizedek.org or 865-0218 ext. 25.

As always, thank you for supporting our community and for being as generous as possible!

Ohavi Zedek 2017-2018 Membership Support Pledge Form

Member Name _____

My/Our voluntary membership support pledge for 2017/18 is: \$ _____
*Dues payments may be broken up in payment schedule. **Everything else is a one-time payment.***

Facility Fee (mandatory): \$ 72.00

Hebrew School Scholarship Fund: I/we would like to contribute an additional one-time gift to help support the education of our congregation's children \$ _____

Kiddushim:
I/we would like to contribute an additional one-time gift to help the OZ community gather and share a meal after services (suggested donation is \$36) \$ _____

TOTAL pledges for 2017/18 (includes Facility Account fee) \$ _____

Please choose a Payment Schedule (For support pledge only)

- 1 payment (due August)
- 2 equal payments (due August & December)
- 4 equal, quarterly payments (due August & November and February & May)
- 10 equal, monthly payments (August through May)

Please Choose a Payment Method

- Billing Statements** (for check payments or single credit card payments)
- ACH Automatic Secure Funds Transfer Payments:** Preferred method – saves you time and **saves OZ money!** ACH is processed on or about the first business day of the month.

I authorize Ohavi Zedek Synagogue to perform withdrawals from my: Checking Savings Account

PLEASE ATTACH A VOIDED CHECK TO THIS FORM.

Name(s) on Account: _____

Account #: _____ Routing #: _____

- Automatic Credit Card Payments: 3% of your payment goes to the credit card companies! Please consider using ACH Automatic Secure Funds Transfer instead or adding 3% to your pledge to offset the cost of using credit cards.**

I authorize Ohavi Zedek Synagogue to charge my: MasterCard Visa

Name on card: _____ Card Number: _____ Expiration Date: _____

Credit Card Billing Address: _____

Signature: _____ Date: _____