

Congregation Leyv Ha-Ir Membership: July, 2018 - June, 2019

Name(s): _____

Street Address: _____

City, State, ZIP: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____ Birthday(s): Month _____ Day: _____

VOLUNTEER INTERESTS (Please specify your preference)

- Chesed/Caring Communications Education Finance High Holy Days Home Shabbat Membership Kabbalat Shabbat Ritual Social Action/Tikkun Olam

What is the best way for us to reach out to you? Email _____ Phone _____

MEMBERSHIP DUES

Our philosophy is that members pay according to their resources—we never turn anyone away**.

- Single Membership \$500 - \$1000: \$ _____
 Family Membership \$750 - \$1500: \$ _____

Please select one of the following payment options:

- Pay in full Pay in two installments, 1/2 at time of application and the balance by January 1.

ADDITIONAL CONTRIBUTIONS

- General Fund: \$ _____
High Holy Day Fund: \$ _____
Music Fund: \$ _____
Oneg/Refreshment Fund: \$ _____
Prayer Book Fund (\$36 to dedicate a prayer book): \$ _____

In honor / memory of _____

Total additional contributions: \$ _____

Total amount enclosed (dues and contributions): \$ _____

Your contribution may be tax-deductible.

- Please do not include me in the membership list published for member distribution.
 I do not want my picture to be used in any publications. (Pictures are often taken at events and published without names.)

*** If your current financial situation prevents you from paying our minimum dues, please contact Donna Finkelstein (856-273-8209, donnaf@cspcorp.com). This discussion will be held in strictest confidence.*

PLEASE RETURN THE COMPLETED FORM WITH YOUR PAYMENT TO:

CONGREGATION LEYV HA-IR – ATTENTION: MEMBERSHIP, P.O. BOX 15836, PHILADELPHIA, PA 19103
215-629-1995 • WWW.LEYVHAIR.ORG • INFO@LEYVHAIR.ORG