

CONFIDENTIAL DUES DISCLOSURE FORM
Congregation Beth Shalom
For **Calendar Year 2022**

Dear Member,

As you know, we are a member organization and utilize your annual contribution to maintain our facility and staff and provide a wide diversity of cultural, educational and holiday programs that are open to the entire community. Without financial support from our members and donors we are not able to sustain our congregation and our programs.

Individual and Family Membership dues commitments are based on **2.75%** of their *Adjusted Gross Family Income* (IRS Form 1040) up to a \$ 120,000 max. However, we will not turn away anyone due to lack of funds – and we are willing to work with you to find a meaningful level of support.

Associate memberships are available for up to 6 months for those who are in a conversion class recognized by the Rabbi of Beth Shalom, Modesto. Individual associate membership is \$25 per month and family associate membership is \$50 per month.

Full-Time Students (12 units or more) are \$10/month with verification of enrollment in accredited institution.

Your 2021 Annual Commitment was \$ _____ and your Rabbi Fund Donation was \$ _____.

The Congregation's office keeps all information on this form in the strictest confidence. Please contact the office at 209-571-6060 to set up an appointment with a member of our Finance Committee if you have any questions about your dues or need to request a dues adjustment.

Doug Highiet

Liz Trauring

Janet Rasmussen

Bruce Ruskin

IN COMPLIANCE WITH THE ABOVE DUES SCHEDULE, I/WE CALCULATE MY/OUR ANNUAL DUES TO BE \$ _____ (For BILLING PURPOSES please check ✓ one of boxes listed below).

I/WE WISH TO BE BILLED:

___ MONTHLY

___ SEMI-ANNUALLY

___ QUARTERLY

___ ANNUALLY _____

(List the Month)

I/WE WOULD ALSO LIKE TO MAKE A CONTRIBUTION TO THE RABBI SALARY FUND IN THE AMOUNT OF \$ _____ (For BILLING PURPOSES please check ✓ one of boxes listed below).

I/WE WISH TO BE BILLED:

___ MONTHLY

___ SEMI-ANNUALLY

___ QUARTERLY

___ ANNUALLY _____

(List the Month)

Signature _____

Date _____

Name(s) _____

Address: _____ City: _____ Zip: _____

Email: _____ Email: _____

Phone Numbers:

Home: _____ Work: _____ Cell: _____

DUES ARE NOT VOLUNTARY - THEY ARE AN OBLIGATION OF MEMBERSHIP

Jewish tradition teaches us: All Jews are responsible for each other. While the Torah commands that we give 10% of all we have, we are only asking for 2.75%. Please give generously.