

**Temple Israel of Northern Westchester  
Glengary Road, Croton-On-Hudson, NY 10520**

**Annual Pledge Form  
NEW MEMBER FIRST YEAR  
PAY-WHAT-YOU-WANT DUES APPLICATION**

Name(s)	Phone Days:
Street	Phone Evenings:
City	Zip
Email (IMPORTANT - PLEASE PRINT) _____ @ _____	Occupation(s):

**1 Financial Obligation for Current Year**

First Year Pledge Amount <sup>1</sup>

**TOTAL FINANCIAL OBLIGATION**

**2 Religious School Fee <sup>2</sup>**

- Grades K-1      (\$300 per child)
- Grade 2        (\$525 per child)
- Grades 3-7     (\$630 per child)
- Grades 8-10   (\$520 per child)
- Grade 11-12   (\$300 per child)

**TOTAL RELIGIOUS SCHOOL FEES**

Number of Children		Fee = Rate x # of Children
	a	
	b	
	c	
	d	
	e	
a+b+c+d+e →		→ <input style="width:100%; height:20px;" type="text"/>

**3 Credit Card Expense**

(The Temple incurs fees associated with use of credit cards; we are suggesting an optional payment of \$30 to offset fee)

**4 Total Pledge**

(Financial Obligation plus School Fee plus Credit Card Expense)

**5 Payments:**

*(Please enter round \$ amounts)*

- 1st Payment      (1/3 Financial Obligation plus ENTIRE School Fee)
- 2nd Payment     (1/3 Financial Obligation)
- 3rd Payment     (1/3 Financial Obligation)

<input style="width:100%; height:20px;" type="text"/>	<i>Due June 30</i>
<input style="width:100%; height:20px;" type="text"/>	<i>Due December 1</i>
<input style="width:100%; height:20px;" type="text"/>	<i>Due March 1</i>

*Note that alternate schedules are available for payment by credit card.*

**6 Optional Payments:**

- Sisterhood                      \$36                      (**Separate Check** to "Temple Israel Sisterhood")
- Brotherhood                      \$36                      (**Separate Check** to "Temple Israel Brotherhood")
- ARZA <sup>3</sup>                              \$36                      (**Separate Check** to "ARZA")

***Please note that Building Maintenance Fund is billed separately.***

**7 Commitment**

In pledging under Temple Israel's "Pay-What-You-Want" program, I attest to the following:

- My immediate family has not previously been members of Temple Israel.
- I understand that my family is eligible for this optional dues program during our first year of membership.
- If I remain a member of Temple Israel after this year, I will be responsible to pay the full annual minimum financial obligation in each year beginning in the membership year beginning June 1, 2010.

**8 Sign and Date Pledge Form:**

Signature _____	Date _____
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**IMPORTANT: HIGH HOLY DAY DOCUMENTS WILL NOT BE ISSUED UNTIL THE TEMPLE HAS RECEIVED YOUR PLEDGE AND THE PAYMENT DUE JUNE 30 IS RECEIVED WITH FULL SCHOOL FEES.**

<sup>1</sup> Pay-What-You-Want subject to conditions described in section 7 COMMITMENT.

<sup>3</sup> Association of Reform Zionists of America

<sup>2</sup> "Pay-What-You-Want" applies to First Year Pledge Amount only. Full school tuition is required.