

# Congregation Beth Hatikvah

בית התקווה

Street address: 1410 11th Street, Bremerton, WA 98337  
(360) 373-9884

MAIL TO: PO Box 2522, Bremerton, WA 98310  
www.beth-hatikvah.org

## Membership Commitment Pledge

### July 2020 – June 2021 (5780 / 5781)

This year we are asking everyone, including those who want to continue being a member, to complete and return this form. This will help us update our member list so that you get all the notices, rights and benefits of being a member.

Each year, it costs CBH about \$53,000 to keep the doors open. Based on 50 member families, that's \$1,000 per family if we share it evenly. Some of us might be able to pay more, others a bit less, but we all need to contribute to the best of our abilities. Please choose the membership commitment category below that best fits your family.

Thanks you so much, Your CBH Board of Trustees

**Household Information:** Please include information for the adults and their dependents *living at the same address*.

Adult (1): \_\_\_\_\_ Adult (2): \_\_\_\_\_

Child (1): \_\_\_\_\_ Child (2): \_\_\_\_\_ Child (3): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Numbers (1) \_\_\_\_\_ (2) \_\_\_\_\_

E-Mail Addresses (1) \_\_\_\_\_ (2) \_\_\_\_\_

Wedding Anniversary (for couples): \_\_\_\_\_

Household Birthdays (including *dependent* children, if any)

Adult (1): \_\_\_\_\_ Birthdate: \_\_\_\_\_ Adult (2) \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child (1): \_\_\_\_\_ Birthdate: \_\_\_\_\_ Child (2): \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child (3): \_\_\_\_\_ Birthdate: \_\_\_\_\_ Child (4): \_\_\_\_\_ Birthdate: \_\_\_\_\_

Yahrzeits (Name, Relationship to Member, Secular Date)

Relative's Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

Relative's Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

**Financial Commitment**

**Family Name** \_\_\_\_\_

	Shomrim (Guardians)	\$2,400		Single Member	\$480
	Bonim (Builders)	\$1,800		Dual Congregation Members	\$525
	Tomchim (Supporters)	\$1,200		Best We Can Do **	Suggested minimum: \$18 per month
	Mensch (Standard Household)	\$800		Student or Young Professional	\$216

**\*\* "Best We Can Do":** Please contact [CBH Treasurer](#) or call (360) 373-9884 for consideration and to get request form for reduced commitments. All requests will be held in strict confidence. The CBH board will notify you concerning approval. Qualification for government assistance is generally required.

**Please return form by August 31, 2020**

**Ways to Fulfill Your Commitment**

(please check one)

- One time payment
- Semi-annually
- Quarterly
- Monthly

**Payment Method**

(please check one)

- Enclosed
- US Mail
- Online Banking

**Other Ways to Support Our Community** (with an extra contribution)

- Rabbi's Discretionary Fund \$ \_\_\_\_\_
- General Fund or Religious School \$ \_\_\_\_\_
- Building Renovations or Special Projects \$ \_\_\_\_\_
- New Memorial Board or Book Plate Dedication \$ \_\_\_\_\_
- Mitzvah in Mourning Fund: Supporting bereaved families \$ \_\_\_\_\_

**Total Annual Commitment** \$ \_\_\_\_\_

All donations are 100% tax deductible and will be shown as a donation on your year-end tax letter from CBH

You may either mail this form and your check to:

PO Box 2522, Bremerton, WA 98310

OR

Scan both sides of the form and email it to [CBH Treasurer](#). If you prefer, payments can be made through Zelle. Contact Treasurer for info on how to set that up

