

# TEMPLE SINAI

509 Broadway, Saratoga Springs, NY12866 • (518) 584-8730 • www.saratogasinai.org • office@saratogasinai.org

## ANNUAL FINANCIAL COMMITMENT July 2019 – June 2020

Member One:

Member Two:

Address:

City:

State & Zip:

Home Phone:

Email:

Cell Phone:

### MEMBERSHIP COMMITMENT

#### MEMBERSHIP

Family Membership (\$1,605)

Single Membership (\$1,075)

Associate (full member other synagogue) (\$555)

Under 30 Membership (Multiples of \$18)

Student Membership (\$18)

#### FAIR SHARE MEMBERSHIP

**According to the Torah's concept "to give as God has blessed you,"** for members who are able, this is a guide:

1.1% gross household income >\$150K (\$1,650 - \$1,925)

1.2% gross household income >\$175K (\$2,100 - \$2,400)

1.3% gross household income >\$200K (\$2,600 - \$3,250)

1.4% gross household income >\$250K (\$3,500 and up)

### CALCULATION OF COMMITMENT

Membership Commitment (from above)

\$

Sisters Ami Membership (\$18)

\$

Building Assessment \$500 (as invoiced: \$100/yr for years 2 – 6)

\$

School Fees (see reverse for calculation worksheet)

\$

Voluntary – if you pay by credit card or EFT, please consider adding 3% of the total amount to cover the fees charged to Temple Sinai.

\$

**Total**

**\$**

### PAYMENT OPTIONS

**Full payment is due by July 31, 2019** unless automatic payments are arranged for full payment to be completed by June 30, 2020. Please indicate on the school registration forms if those fees are included.

Check is enclosed for payment in full

Automatic withdrawal from checking account – please indicate # of payments between (1 – 12): \_\_\_\_\_  
**Please note: to select a 12 payment schedule, payments must begin July 2019.**

Amount: \_\_\_\_\_ Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Automatic charges to credit card – please indicate # of payments (1 – 12): \_\_\_\_\_

**Please note: to select a 12 payment schedule, payments must begin July 2019.**

Amount: \_\_\_\_\_ Account #: \_\_\_\_\_ Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Payroll deduction – Temple Sinai employees only; indicate monthly amount if not total salary: \_\_\_\_\_

### DIRECT DEPOSIT / CREDIT CARD AUTHORIZATION

By signing below, I authorize Temple Sinai to charge my credit card (or begin automatic withdrawals) as indicated above.

Signature of applicant

Date

*Temple Sinai looks to its members to provide the greatest level of financial support that they can afford. If payment of full dues would be a hardship, please let us know by submitting a Request for Adjustment.*

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## REQUEST FOR ADJUSTMENT TO ANNUAL COMMITMENT (2019 – 2020)

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State & Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Member age 65 or older:** If an adjustment request, based on income, has been previously approved, and there are no changes in circumstances, please check this box, sign below and return.

**Member under age 65:** Temple Sinai has an open door policy with regard to members of the community who wish to worship at the synagogue and/or participate in activities. Though we depend on membership and religious school fees to maintain our Temple, ***no Jewish family or individual will be denied membership or religious education for financial reasons.***

In granting any requested reduction, the Board asks your firm commitment to volunteer at the Temple during the course of the year. For information on volunteer opportunities, please contact the Treasurer at treasurer@saratogasinai.org.

Please, very briefly, explain the circumstances that make you unable to meet the minimum membership commitment and please indicate the commitment you can make to Temple Sinai: \$ \_\_\_\_\_/mo. or \$ \_\_\_\_\_/yr.

**Please indicate how you will pay your commitment** on the reverse and return to the Temple at 509 Broadway, Saratoga Springs, NY 12866 (indicate: **FOR TREASURER ONLY**). After review by the Finance Committee, you will be notified of acceptance by the Treasurer by means of an amended invoice indicating a "credit".

Member Signature \_\_\_\_\_

Date \_\_\_\_\_

Finance Committee Approval \_\_\_\_\_

Date \_\_\_\_\_

### SCHOOL FEE CALCULATION WORKSHEET (2019 – 2020)

This form will not be used for School Registration. This form is only for calculating school fees to be paid, if you wish them to be included in the automatic payment schedule on page 1 of the Annual Financial Commitment.

Monthly Sunday Pre-K (Shalom Everybody!)	# of children _____	@ \$100.00 per child = \$ _____
Sunday K-7 <sup>th</sup> (Judaica)	# of children _____	@ \$480.00 per child = \$ _____
Wednesday 3 <sup>rd</sup> -6 <sup>th</sup> (Hebrew)	# of children _____	@ \$145.00 per child = \$ _____
Wednesday 7 <sup>th</sup> and up (Hebrew)	# of children _____	@ \$360.00 per child = \$ _____
Sunday 8 <sup>th</sup> – 10 <sup>th</sup> (Confirmation)	# of children _____	@ \$195.00 per child = \$ _____
		<b>*Total \$ _____</b>

\* Please carry your School Fee total to page 1 of this form if you want it to be included with your Annual Commitment automatic payment schedule.