

TEMPLE BETH AHM YISRAEL ANNUAL PLEDGE FORM

Fiscal Year 7/1/25 – 6/30/26

Adult Household Members (up to 2) _____

Address: _____

Phone: _____ Email: _____

Select your Pledge	Select your Payment Schedule	Select your Payment Method
<input type="checkbox"/> Sustaining (\$2910)	<input type="checkbox"/> Full Payment by 9/1/25	<input type="checkbox"/> I will send (a) check
<input type="checkbox"/> Write in your pledge here _____	<input type="checkbox"/> Equal payments for ___ months (no more than 9)	<input type="checkbox"/> Please debit my checking account automatically (ACH)
<input type="checkbox"/> Builders (\$3600) <input type="checkbox"/> Pillars (\$5000)	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Please charge my credit card automatically

ACH PAYMENT INFORMATION
(Direct Debit from your account-3% Fee does not apply)
Checking _____ Savings _____

Name as it appears on your account _____

Name of Bank _____ Bank account Number _____

Routing Number _____

CREDIT CARD PAYMENT INFORMATION (3% fee)

Name as it appears on your credit card _____

Credit card number _____

Expiration Date _____ Security code _____

Email _____ Cell phone _____

BILLING Address _____

State _____ Zip _____

I/we will honor my/our pledge and promise to make the payments as scheduled.

I understand I will also be billed an additional \$300 annually for Security Fees.

Signed

Dated