



Temple Beth Ahm Yisrael
ANNUAL PLEDGE FORM
Together at TBAY!
Fiscal Year 7/1/25 – 6/30/26

Thank you for your commitment to TBAY. Please return this form by June 15 to make your pledge. You may also pay your pledge on June 15. Automatic payments will begin July 1.

Adult Household Members (up to 2) _____

Address: _____

Phone: _____ Email: _____

Select your Pledge	Select your Payment Schedule	Select your Payment Method
<input type="checkbox"/> Sustaining (\$2,910)	<input type="checkbox"/> Full Payment by 9/1/25	<input type="checkbox"/> I will send a check(s)
<input type="checkbox"/> Builders (\$3,600)	<input type="checkbox"/> Equal payments for _____ months (no more than 9)	<input type="checkbox"/> Please debit my checking account automatically (ACH)
<input type="checkbox"/> Pillars (\$5,000)	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Please charge my credit card automatically
<input type="checkbox"/> Write in your pledge here _____		

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>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.</i>	

Signed _____

Dated _____