PLEASE RETURN THIS PLEDGE FORM BY SEPTEMBER 4, 2020

Name of congregation __________________________________________ Date __________

Street address __________________________ City ____________ State ____ Zip ________

1 This dues form reflects a decision by... (choose all that apply)

☐ Rabbi ☐ President ☐ Treasurer ☐ Head Administrator/Executive Director

☐ Executive Committee ☐ Board ☐ Congregational Meeting

2 We choose the following dues category:

☐ Enter  Dues factor = .01 (1% of your budget), with a minimum dues payment of $360.

☐ Engage Dues factor = .015 (1.5% of your budget)

☐ Invest Dues factor = .02 (2% or more of your budget), with a minimum dues payment of $3,000.

Alternate calculations:

→ For very large congregations, dues factor of .01 (1%) or more of your budget, with a minimum dues payment of $30,000.

→ For very small congregations, dues factor of .10 (10%) of your budget, with no minimum.


<table>
<thead>
<tr>
<th>Budgeted expenses</th>
<th>Dues factor</th>
<th>Annual dues</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Determine your congregation’s budgeted annual expenses for the fiscal year that includes September 2020 and enter this number in “budgeted expenses.” You may exclude from your annual expenses capital expenditures, such as for a new building or renovation, but please include routine repairs and maintenance. Please attach either a copy of your budget or a budget summary with this form.

2. Locate the number associated with your membership level and enter it on the line for “dues factor.”

3. Multiply your budgeted expenses by the dues factor to calculate your annual dues.
3 DUES MUST BE PAID IN FULL BY AUGUST 31, 2021

We would like to plan our payments according to the following schedule:

- One annual payment
- Two annual payments
- Four quarterly payments
- Monthly payments

Payments will be made by: Check (made out to Reconstructing Judaism) or Credit card

Type of card: VISA or Mastercard or American Express

Credit card #: ___________________________ Expiration date ___________________________

Name on card ___________________________ Security code ___________________________

☐ We’re paying this amount today: $ _____________
☐ Please check here if you want us to send you invoice(s).

If we have questions about your payment, who should we contact?

Name: ___________________________ Email: ___________________________ Phone: ___________________________

HAVE YOU INCLUDED OR EMAILED TO JWEINBERG@RECONSTRUCTINGJUDAISM.ORG:

- Budget or budget summary for the fiscal year that includes Sept. 2020
- Membership information, including email addresses
- Staff/officer list with updates and/or corrections

Please email all completed documents to JWeinberg@reconstructingjudaism.org, or mail to:

Thriving Communities
Reconstructing Judaism
1299 Church Road
Wyncote, PA 19095

If you have questions and need immediate assistance, please contact Jacob Weinberg at 215.576.0800, ext. 131 or at JWeinberg@ReconstructingJudaism.org.