



1274 Cunningham Lane S
Salem OR 97302

P. 503.362.5004
F. 503.586.0237
www.tbsholom.org

Paula Boga
President

Judith Havas
Administrator

CIRCLE OF GIVING

Circles of Giving is a meaningful, voluntary resource for increasing support of the synagogue's day-to-day activities with far reaching results. These activities not only include religious services and education but the kindness and care our community offers through new member programming, community connections, our *tzedekah* projects, *chevra kadisha*, to name just a few. Please consider becoming a benefactor. Information about **Circle of Giving** is below. If you have any questions, contact Marty Mehr, Treasurer or Judith Havas, Administrator.

Name(s): _____

☐ I/we prefer to remain anonymous regarding participation.

PLEDGE INFORMATION

I/we will participate in the Circles of Giving program at the level and annual amount indicated below

- ☐ Circle 1 - Tomechim (Supporters) annual gift \$_____ (range: \$18-599)
- ☐ Circle 2 - Chaverim (Friends) annual gift \$_____ (range: \$600-1599)
- ☐ Circle 3 - Shutafim (Partners) annual gift \$_____ (range: \$1600-2599)
- ☐ Circle 4 - Chalutzim (Pioneers) annual gift \$_____ (range: \$2600-3799)
- ☐ Circle 5 - Bonim (Builders) annual gift \$_____ (range: \$3800-4999)
- ☐ Circle 6 - Cholimim (Dreamers) annual gift \$_____ (\$5000+)
- ☐ I/we agree to public acknowledgment as a Circle of Giving member(s) understanding that this recognition serves as an incentive for others to join the program.

COMMITMENTS WILL CARRY OVER ANNUALLY UNLESS OTHERWISE NOTIFIED

*Your generous participation is gratefully acknowledged
on behalf of our entire community*



CIRCLE OF GIVING
PAYMENT OPTIONS

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☐ I/We will pay our Circle of Giving pledge in full by July 30, 2013.

☐ I/We prefer to make payments on a monthly basis at the rate of
\$ _____ per month for 12 months beginning July 10th, 2013.

Method of payment will be:

☐ MitzvahMatic (separate form required)

☐ Mail to TBS office monthly

☐ Charge by credit card monthly (Visa® or Mastercard®)

Card Number

Exp. Date

Security Code (3 digits on back)

Please Print Name

Signature of Congregant

Please Print Name

Signature of Congregant

Date _____

I/We understand that if my (our) circumstances change, I (we) will contact the
Temple Administrator to make any adjustments to this Agreement in writing.

Please return completed form to:

TEMPLE BETH SHOLOM
1274 Cunningham Lane S
Salem OR 97302