



HAHN JUDAIC CAMPUS ■ 7900 MONTOYA CIRCLE NORTH ■ BOCA RATON FL 33433-4912

TEL 561.394.0394 ■ FAX 561.394.0180

www.brsonline.org

APPLICATION FOR DUES ADJUSTMENT ■ איש כמתנת ידו

Each person shall give according to his financial ability (Devarim 16:17)

Dear Member,

Everyone is welcome and truly belongs at the Boca Raton Synagogue, regardless of financial circumstances.

We ask all members to support the Shul by paying dues and have an adjustment process in place to assist members who are unable to pay the full amount. To be equitable to all members, our approach is designed to provide the assistance appropriate for each member. Please complete this form in its entirety, so that we can determine your fair contribution.

To help control our operating expenses, we ask those receiving financial assistance to make a definitive commitment to volunteer time to the Synagogue, within a large number of areas of interest and skills.

The data you furnish on this form will be kept completely confidential, known only to Jonathan Charm (Vice President), Hommy Tannenbaum (Treasurer), Matthew Hocherman (Executive Director) and Amy Downs (Bookkeeper).

Please return this form to the synagogue office in a sealed envelope, marked for the attention of the Dues Adjustment Committee. You are welcome to request a meeting with Jonathan and/or Hommy, if you wish to discuss your dues adjustment application. Once your request has been submitted/discussed, please allow 10 days for a decision to be made and a revised bill to be sent out.

Thank you for your cooperation, and playing your part in our shul.

PERSONAL INFORMATION (Please Print)

Name _____

Address _____ Phone No. _____

City _____ State _____ Zip _____

APPLICANT

SPOUSE

Occupation _____

Employer _____

Address _____

Birth Date _____

Ages of Dependents Living at Home _____

List any dependents in a pre-school, private school or college

Name	Age	School	Tuition Paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

THIS FORM MUST BE RESUBMITTED YEARLY

NAME _____

Please advise of the circumstances we should consider when adjusting your dues.

Gross Household Income (including all salaries, investments, real estate income, alimony, child support, gifts, pensions, social security, and other sources):

- \$thousands 0-25 25-30 30-40 40-50 50-60 60-70 70-80
 80-90 90-100 100-110 110-120 120-130 130-140 140-150 over 150,000

(Application will NOT be accepted without a box checked)

How much are you able to pay for this fiscal year?

How will you be making your payments? Please note payment must be included with this form.

- FULL PAYMENT SEMI ANNUAL PAYMENTS QUARTERLY PAYMENTS MONTHLY PAYMENTS

PAYMENT METHOD:

- By Credit Card     OR By Check OR Post Dated Checks

Card Number : _____ Exp. Date: _____ CVV: _____

Billing Address for Credit Card:

_____ Street _____ City _____ State _____ Zip _____

Date: _____

Your signature for confirmation purposes

Boca Raton Synagogue relies on membership dues to provide services and facilities for the members of our community. The details you are providing above are being used as the basis upon which the community is subsidizing your responsibility and your signature below confirms the accuracy of this information. The Shul reserves the right to seek verification of the information provided.

Signature: _____ Date: _____