



To be reviewed FOR APPROVAL by the Finance Committee. Please include payment with this form. You will be contacted if clarification is necessary.

Circle Membership Category: A B C D E F G Affiliate Date of request: _____

Name _____

Own ___ Rent ___ Living in immediate household: Husband Wife Children Parents Other Children:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Employer: _____ Years of Employment: _____

Occupation: _____

Spouse's Employer: _____ Years of Employment: _____

Occupation: _____

(Please note: this is for informational purposes only. Your employer will not be contacted)

Table with 2 columns: Expense Category and Amount. Rows include Total Combined Monthly Income From All Sources, Total Combined Living Expenses, and Total All Other Monthly Expenses.

Please describe the current circumstances necessitating reduced dues: (please use reverse side if you need more space)

Enter the amounts you are committing for the following:

DUES \$ _____

SCHOOL FEES (if applicable) \$ _____

Signature: _____

TO BE CONSIDERED FOR A REDUCTION IN DUES OR TUITION, YOU MUST INCLUDE THE ESCRIP FORM AND CHOICE OF PAYMENT AS INDICATED BELOW. THANK YOU:

- I have enclosed a completed Escrip form.
I am already signed up for Escrip with Kol Shofar.

I have completed the enclosed:

- Credit Card Authorization Form
Bank Draft Authorization Form
I have enclosed a check in the amount of \$_____
Enclosed are post-dated checks.

PLEASE RETURN ALL FORMS TOGETHER WITH PAYMENT to: Congregation Kol Shofar, P.O. Box 970, Mill Valley, CA 94942 415-388-1818 or 415-460-1818

Attention: Executive Director, Personal & Confidential

Empty rectangular box for stamp or signature.

For Executive Director Use : Dues _____ School Fees _____ Payment Plan: _____ Finance Committee Review: _____