

2023-2024

ANNUAL COMMITMENT FORM

Young Adult/Family — Ages 21–29	Complimentary (a donation is appreciated)	\$
Annual Income Up to \$120,000	\$3,795	\$
Annual Income Up to \$130,000	\$4,500	\$
Annual Income Up to \$149,999	\$4,700	\$
Annual Income Above \$150,000 (please select one category)	<input type="checkbox"/> THE COMMITTEE OF 100 — \$5,200 <input type="checkbox"/> PRESIDENT’S HONOR CIRCLE — \$6,700 <input type="checkbox"/> RABBI’S HONOR CIRCLE — \$9,200 <input type="checkbox"/> CIRCLE OF BLESSING — \$15,000 + <input type="checkbox"/> CIRCLE OF LIFE — \$25,000 +	\$
Required Security Fee		\$ 775
Payment Plan Fee for Quarterly or Monthly Payments (see Payment Plan options below)	<input type="checkbox"/> QUARTERLY PLAN — \$100 <input type="checkbox"/> MONTHLY PLAN — \$200	\$
	TOTAL	\$

Members who have completed their 2022–2023 financial obligations are invited to renew. Fulfillment of your total membership obligation must be completed in either one, two, quarterly or monthly payments. Congregants who have a challenge in meeting the minimum contribution are encouraged to contact Rita Diaz, Membership Director, at 786.364.9434. Rita will help each member with confidentiality and care.

Your payment may be made by check (payable to Temple Beth Am) or by credit card (VISA, MasterCard, or American Express). **Please consider an additional 2.5% convenience fee to help Temple Beth Am offset a portion of the credit card processing fees that are incurred on all credit card transactions.**

PAYMENT PLANS (PLEASE SELECT ONE)	
<input type="checkbox"/> ANNUALLY	Full payment is due by August 15, 2023.
<input type="checkbox"/> SEMI-ANNUALLY	At least 50% of your entire obligation is due by August 15; full payment due by December 31, 2023
<input type="checkbox"/> QUARTERLY	At least 25% of your entire obligation is due by August 15; equal monthly payments to be paid in full by April 30, 2024. (Please add \$100 Service Fee)
<input type="checkbox"/> MONTHLY	At least 20% of your entire obligation is due by August 15; equal monthly payments to be paid in full by April 30, 2024. (Please add \$200 Service Fee)

FORM OF PAYMENT
<input type="checkbox"/> My check in the amount of \$ _____ is enclosed.
<input type="checkbox"/> I authorize my credit card to be charged in the amount of \$ _____
<input type="checkbox"/> Please add an additional 2.5% convenience fee to the amount charged to my card.
If no payment plan is selected, my credit card will be charged pursuant to the Annual payment plan.
Name _____
VISA/MC/AMEX Card Number _____ Exp. Date _____
VISA/MasterCard 3-digit Security Code _____ AMEX 4-digit Security Code _____
Billing Address _____
City _____ State _____ Zip _____
Authorized Signature _____