

Name:(please print)\_\_\_\_\_

Address:\_\_\_\_\_

Telephone:\_\_\_\_\_

**Lifetime Membership:** (Couples)

May be in ten (10) monthly \$750 payments. Includes one (1) Lifetime Member plaque \$7500 \$\_\_\_\_\_

**Regular Membership:** Adult membership (Pd after 7/5/22) \$500 ea \$\_\_\_\_\_

\*Early Bird Adult membership (Full payment must be received by 7/5/22) \$475 ea \$\_\_\_\_\_

**Young Adult Membership:** Twenty-Eight years old and under: \$300 ea \$\_\_\_\_\_

\_\_\_\_\_ Member Extra Seats @ \$225 ea \$\_\_\_\_\_

\_\_\_\_\_ Non Member @ Seats \$250 ea \$\_\_\_\_\_

**Parking: \$10 per car per service**

\_\_\_ Erev Rosh Hashanah \_\_\_ Rosh Hashanah \_\_\_ Kol Nidre \_\_\_ Yom Kippur \$\_\_\_\_\_

**Giborim - Heroes:** Please indicate your additional contribution level in addition to Regular Membership Dues:

\_\_\_ Donor, \$100 - \$499 \_\_\_ Chesed ("Kindness & Goodness"), \$500 - \$1,799 \_\_\_ Chai ("Life") \$1,800 - \$3599

\_\_\_ Double Chai, \$3,600 - \$5,399 \_\_\_ Triple Chai, \$5,400 - \$9,999 \_\_\_ Seraphim ("Order of Angels"), \$10,000 +

**Giborim Contribution:** \$\_\_\_\_\_

**Shabbat** \_\_\_ I/we would like to be an Annual Shabbat Sponsor \$600 \$\_\_\_\_\_

\_\_\_ I/we would like to sponsor \_\_\_ Shabbats this year \$50 each \$\_\_\_\_\_

On the following dates: \_\_\_\_\_ In honor/memory of: \_\_\_\_\_

**High Holy Day Prayer Books:** \$ 40 ea \$\_\_\_\_\_

**Flowers** \_\_\_ I/we would like to sponsor High Holiday Flowers \$180 each \$\_\_\_\_\_

**Memorial Plaques**

Small (2" X 9") \$300 ea \$\_\_\_\_\_ Large (4" X 10") \$500 ea \$\_\_\_\_\_ \$\_\_\_\_\_

**Tree of Life**

Leaf \$ 100 ea \$\_\_\_\_\_ Plaque \$250 ea \$\_\_\_\_\_ \$\_\_\_\_\_

**Book Of Remembrance**

To be included in the BOOK OF REMEMBRANCE, your request must be received in the Temple office by **September 7, 2022.**

First name is \$40 and \$20 for each additional name. \$\_\_\_\_\_

**Full Page in the Book Of Remembrance** \$200 \$\_\_\_\_\_

(10 Names incl.) Extra Names \$ 15 ea \$\_\_\_\_\_

Please provide a separate list of loved ones you want remembered in the **Book Of Remembrance.**

(Please use separate sheet of paper and print clearly how you wish the name (s) to appear.)

**Name, Relationship, Date of Passing**

**Grand Total - All Tax Deductible Contributions:** \$\_\_\_\_\_

Please make your checks payable to **Creative Arts Temple** Check\_\_\_\_ or

**\*MC/Visa#** \_\_\_\_\_ **exp. date** \_\_\_\_\_ **sec.code** \_\_\_\_\_

**Your Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Cardholder (as it appears on card)

\*A convenience charge of 3% will be added for credit card use.