



### Abbreviated Renewal Form

Name (s): \_\_\_\_\_

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

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Please circle the amount of your pledge, or write in your pledge, in the space provided.

	Individual <u>(one adult)</u>	Family <u>(two adults)</u>
College Student	\$36	
Sustaining	\$1,020	\$2,040
Other:	_____	_____

**ADDITIONAL GIFTS** (indicate whether the gift is for the Library, Member Assistance, Goldberg Fund, Rabbi's Discretionary Fund, Building Strength Fund or some other purpose):

\_\_\_\_\_

**Total Donation:** \_\_\_\_\_

#### PAYMENT PLAN

Please indicate how you would like to pay your pledge from one of the options below:

- I am enclosing a personal check for the full amount at this time.
- I will pay by  check or by  bill pay service on the following payment schedule:  
\_\_\_\_\_
- Please contact me to arrange a one-time payment by credit card.

***THANK YOU FOR YOUR CONTRIBUTION!***

(Please return this form to: Temple Beth Hatfiloh, 201 8th Ave SE, Olympia, WA 98501)