

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 7/5/21) \$500 ea \$ _____

*Early Bird Adult membership (*Full payment must be received by 7/5/21*) \$475 ea \$ _____

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

_____ **Member Extra Seats @ \$225 ea** \$ _____

_____ **Non Member @ Seats \$250 ea** \$ _____

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 **August 23, 2021.**

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.

We are committed to our faith and our community. Please address any requests for special dispensation to the Temple office. We will try our best to accommodate you.