

Temple Beth Abraham
Membership Dues Relief Form
July 2024/5784 - June 2025/5785

Dear Fellow Congregant,

Temple Beth Abraham never refuses membership to anyone because of an inability to pay. However, the TBA Board of Directors has a fiduciary obligation to encourage all members to pay their share to ensure TBA's financial stability and allow us to serve the community with all the activities and programs we offer. While we know that there are people in our community who truly cannot afford the standard dues level, we do ask you and all of our members to commit to paying as much of the standard dues level as you can afford. It is only with such a commitment from each and every one of us that we can continue to serve all of our congregants.

If you feel you truly cannot afford our standard dues of \$3,072 paid in any increment that works for your budget, (or \$1000 for seniors in need over 75 years of age) then please fill out this form. We do not ask members for financial statements, tax returns, or anything other than this form. We trust our congregants share our values and we trust your assertion here that you cannot afford the minimum dues and are offering to pay as much as you can.

If you wish to discuss your commitment, our Treasurer, Jessica Sarber, or our Director of Finance, Paolo Gomez, are always available to talk or meet with you. Rest assured that any discussion you have with them will always remain confidential.

Sincerely,
The Temple Beth Abraham Board of Directors 2024/2025 (5784/5785)

Please return this form to the TBA office:
336 Euclid Ave Oakland, CA 94610
Bookkeeper@TBAoakland.org

- I am aware that the Standard Dues amount is \$3,072 (Senior rate of \$1,000). However, at this time, circumstances have made it such that I am unable to make this level of commitment at any payment frequency.
- I am aware that the actual operational expense of the synagogue is approximately twice as much as is raised by the membership dues.
- I agree to do my best to increase my dues pledge on an annual basis or sooner when my circumstances improve.
- I agree to pay \$ _____ for the fiscal year July 2024-June 2025. *(Please try to increase this amount by at least \$120 above your pledge from last year.)*
- I agree to pay the above amount as follows (check one):
- Annually Semi-Annually Quarterly Monthly

Print Last Name(s): _____

Member Signature(s): _____

Email Address: _____

Thank you for including your first payment with this form.