



MEMBERSHIP 2009-2010

Dear Congregant,

We are beginning our second exciting year at our new transitional location, the Freedom Plains Presbyterian Church in the Town of LaGrange. Our fiscal year begins in July, and so we now ask you again for your support. We do understand that the rough economy has affected some members. **Note that our doors are open to all, regardless of financial circumstances!** This economy does make it even more important that if you do have the means, you help us continue the promise that is Shir Chadash. We hope that we are an important priority for you. Please do not think of this as a business transaction, but as an act of Tzedakah... and Tzedakah calls forth generosity. In “Pirkei Avot / the Wisdom of Our Fathers”, we read, “the world is sustained by three things: Torah, worship and deeds of loving-kindness.” Your act of Tzedakah to Shir Chadash helps us in our mission to sustain the world.

<i>Basic Membership – \$1,400 annually</i> <i>(or \$116.67/month starting in July!!!)</i>	
Enhanced Levels	Reduced Levels
<i>ChaiPLUS</i> - \$2000 <i>(\$167/month)</i>	<i>2nd Temple or Part Time*</i> – \$825 <i>(\$68.75/month)</i>
<i>Double-Chai</i> - \$3600 <i>(\$300/month)</i>	<i>Family with limited means**</i> - \$735 <i>(\$61.25/month)</i>
<i>Triple-Chai</i> - \$5400 <i>(\$450/month)</i>	<i>Single with limited means**</i> - \$380 <i>(\$31.67/month)</i>
	<i>Student or military</i> – Free

**The “2nd Temple or Part Time” category is for members who either belong to a synagogue in addition to Shir Chadash, or are only part time residents of Dutchess County.*

*** Note that limited means levels are **only for those** with financial hardship. If a family has the means, we expect their commitment will be at the level of at least the basic membership.*

PLEASE CONSIDER using our convenient auto-pay option. Each month we will deduct one twelfth of your annual pledge from the checking account you designate. This saves both you and Shir Chadash time and postage. Just send a voided check and the enclosed auto-pay form to our treasurer. If we already have your voided check, you need not send another.

ANOTHER way to support Shir Chadash is through donation of stock. It’s easy to do. If you donate appreciated stock, you earn a tax deduction on the full amount, plus avoid having to pay tax on any capital gains! If you have appreciated stock, it can be an attractive way to pay your annual dues.

ALSO, for the first time this year we are able to offer members the option of paying via **VISA** or **MASTERCARD**. It does cost us about 4.5%, so we suggest that you might increase your pledge if you choose this option. If you would like to pay via credit card, please contact our Treasurer, Victor Feit at (845) 463-2654 for more information.

PLEASE RETURN THIS PAGE WITH YOUR PAYMENT!

Dues checks should be made out to “Shir Chadash” and sent to the address below. Remember that your dues are tax-deductible. Payments are due on the 15th of the month.

My ANNUAL PLEDGE is: _____

WILL PAY (circle one): MONTHLY QUARTERLY ANNUALLY

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

AUTOPAY – CIRCLE ONE: YES NO

YOUR Signature _____

ALSO ENROLL YOUR KIDS IN OUR SCHOOL.. THE MATERIALS FEE IS ONLY \$75 PER CHILD. We need to order books, so please enclose the full SCHOOL PAYMENT with this form. WE DO NOT CHARGE FOR OUR TOT SHABBAT PROGRAM.

Number of children _____ at \$75 per child equals _____.

All checks and other financial correspondence should be addressed to our Treasurer, Victor Feit.

Victor Feit
83 King George Drive,
Poughkeepsie, NY 12603.
Phone: (845) 463-2654

Thank you for your time and together we are looking forward to a wonderful and joyful year at Shir Chadash.

With kind regards,

Michael Rothman
President

Congregation Shir Chadash

Automated Monthly Dues Payments

Authorization Agreement

I hereby authorize **Congregation Shir Chadash** to initiate automatic payments in the amount of \$ _____ from my account at the financial institution named below. I also authorize **Congregation Shir Chadash** to make deposits into this account in the event that an entry is made in error.

This agreement will remain in effect from _____ till _____

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check or deposit slip and return this form.