

Congregation Ahavas Achim
P.O. Box 334
Westfield, Massachusetts 01086

2020-2021

Last Name _____ **Family Members** _____

Address _____

Home Telephone _____ **Work Phone or Cell phone** _____

E-mail address **Home** _____ **Work** _____

Annual Dues

Please remit annual dues for the **2020-2021** year, by **9/8/2020**. A payment plan may be set up in two or three installments however a \$10 fee will be due for each payment. Please indicate your choice of payment below: If you are more comfortable with a different payment option please contact Nancy Rapisarda, Treasurer. Please send your payment(s) to the address above.

1 payment Due by 9/8/20 **No payment plan fees**

2 payments Due by 9/8/20 and 11/1/20 **Pmt #1** _____ **+\$10 Pmt#2** _____ **+\$10**

3 payments Due by 9/8/20, 11/1/20 & 1/1/2021 **Pmt #1** _____ **+\$10 Pmt#2** _____ **+\$10 Pmt #3** _____ **+\$10**

(add \$10 fee to each payment for 2 or 3 payment plans) All payments should be completed by 1/1/2021

Family (2 or more people) \$650 \$ _____

Individual (1 person only) \$325 \$ _____

Virtual Membership (living 50+ miles from Westfield): \$75 Individual _____
 \$250 Family _____

Hebrew School \$300 \$ _____

Additional Sibling \$175 \$ _____

Sunday School \$100 \$ _____

Additional Sibling \$50 \$ _____

High Holiday Guests \$75 suggested donation \$ _____ (please indicate names)
 (Includes all 5 HH services)

Children 12 and under no fee (Includes all 5 HH services)

Payment Fees (If making more than one payment) \$ _____

Total Dues, Tuition, HH Tickets, Payment Fees \$ _____

Charitable Donations

It is a Jewish custom to pledge Tzedakah on occasions of happiness, in honor or memory of a family member, or before Yom Kippur. At Ahavas Achim, you may choose one of the following funds in the amount of your choice:

Torah Fund \$ _____

Educational Development Fund \$ _____

Prayer Book Fund (Provide Info. for Bookplate) \$ _____

General Fund \$ _____

Total Donation \$ _____

Total Dues and Donation _____ **Total Payment \$** _____

Please complete so that we may include the following information in our Bi-Monthly newsletters.

Names and birthdays of family members:

Wedding Anniversary: _____

Yahrzeit Dates you would like us to remind you of: (Hebrew Date if possible, or English day and year)

Please tell us something about you or your family that you would like to see in the newsletter i.e. accomplishments, births, trips, honors, etc. Feel free to do so throughout the year as well. (Use back of form if necessary).

