

ASHREI! SECURING OUR NEXT 100 YEARS

A CAMPAIGN FOR OUR HOME,
FOR OUR FUTURE



CAMPAIGN PLEDGE FORM

We are/I am delighted to make a pledge of \$_____ as a gift to Beth El Synagogue or Beth El Foundation of Minnesota ("Beth El"). We/I understand this gift will be used to fulfill the objectives of **Ashrei! A campaign for our home, for our future.**

This letter documents our/my financial commitment and serves as our/my formal statement of intent to provide this gift to Beth El. We/I recognize Beth El as a not-for-profit institution organized and existing under the laws of the State of Minnesota. All donations are tax deductible to the extent the law allows. For charitable income tax purposes, we/I have made note of the Beth El Synagogue's tax identification number (41-0711587).

Name: _____

Billing address: _____

City, State, Zip _____

Telephone (home): _____

Cell: _____

E-Mail: _____

Please fill out both sides of the pledge form.

Pledge Payment Schedule

It is our/my intention to fulfill this pledge as follows:

Pledge payment each period: \$ _____

We/I would like to pay:

Annually Semi-Annually Quarterly Monthly One-Time Payment

Starting: Month _____ Year _____

Notes:

Payment Method *(please choose all that may apply to payments towards this pledge)*

Personal Check Stock or Securities Company Match Credit Card

RMD from IRA Donor Advised Fund Other _____

*Please contact Corinne Calderon, Charitable Giving and Finance Associate at (952) 873-7307 or ccalderon@bethelsynagogue.org if you require assistance processing any form of payment

Please make checks payable to **Beth El Synagogue** and mail to:

Beth El Synagogue
5225 Barry Street West
St. Louis Park, MN 55416
Memo: Ashrei! Campaign

Gift Recognition

Please list our/my name(s) as follows in all published lists:

Please list our/my name(s) in honor/memory of the individual(s) listed below in all published lists:

We/I prefer to remain "Anonymous" in lists that indicate gift levels except for where no giving levels are indicated: _____

We/I prefer to be listed as "Anonymous" in all published lists.

We are/I am proud to provide this gift for Beth El Synagogue at this exciting time as an investment in our future.

Signature (Contributor) Date Signature (Contributor) Date

Print (Contributor) Print (Contributor)

Please return to:

*Beth El Synagogue
Ashrei!*

5225 Barry Street West, St. Louis Park, MN 55416

Contact: Corinne Calderon, (952) 873-7307 or ccalderon@bethelsynagogue.org

Credit Card Information:

If you would prefer to share this information over the phone, please contact Corinne Calderon at (952) 873-7307.

Full Name _____

Full Address _____

Phone Number _____

E-mail _____

Credit Card Number _____

Exp. Date _____ CVV _____

Signature _____ Date _____