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SUSTAINING CONTRIBUTION COMMITMENT FORM
Fiscal year July 1, 2023 – June 30, 2024

Name(s) _____ Date _____

Address _____

Email address _____

Please check one box for your Sustaining Contribution monthly commitment:

- I wish to contribute the full Sustaining Contribution monthly amount of \$179 for my 1-adult household
- We wish to contribute the full Sustaining Contribution monthly amount of \$358 for our 2-adult household.
- I/We wish to contribute a Sustaining Contribution monthly amount of \$_____.
- I/We will be requesting a donation to Congregation Beth David from a Donor Advised Fund.
Note: Please check with your financial or tax advisor about how best to notify us of the amount of your planned gift request.

Please bill me/us: Monthly Quarterly Semi-Annually Annually

*** THIS FORM AND A ONE MONTH CONTRIBUTION MUST BE SUBMITTED WITH YOUR APPLICATION***

Your Sustaining Contribution Commitment is considered confidential financial information by Congregation Beth David and is handled in strict accordance with the confidentiality provisions of our Sustaining Contribution Policy.

We offer multiple payment options for your convenience. You will receive information about these options when your membership application is fully processed.

Office Use Only	Date Rec'd: _____
Email Conf: _____	Acct Billed: _____