



Congregation Beth Israel
5716 Carmel Valley Road - Carmel California - 93923
(831) 624-2015 FAX (831) 624-4786
www.carmelbethisrael.org

Dear Future Congregation Beth Israel Congregant,

Rabbi Alexander Schindler said, "Many Jewish Organizations raise funds, but only synagogues raise Jews." In a harried and shifting world, Congregation Beth Israel stands as a place of peace, learning and inspiration, community stability and sincere welcome.

Thank you for considering the opportunity of joining our Jewish Community. Your support enhances the ability of our congregation to fulfill its mission of being a welcoming and inclusive center for Jewish life on the Monterey Peninsula accessible to Jews of all backgrounds and their families. Congregation Beth Israel serves as a house of prayer, a house of study, and a house of community, consistent with Jewish values and ethics.

Congregation Beth Israel is the dynamic, vibrant center for Jewish life in the Monterey Peninsula area. Our congregants celebrate and nurture relationships with God and each other while respecting and wrestling with our Jewish tradition. We actively promote Jewish spirituality through life-cycle, ritual, and cultural practices of our faith while fostering social engagement within the congregation and unity in the greater Monterey community.

We ask that you search your soul as you make your *terumah* (gift of the heart). The pledge system is based on the premise that everyone gives what they can, and that those with greater financial means make a larger pledge that will offset the smaller pledges of those who cannot give as much. May your finances help dictate your pledge. No one will be turned away. That is the essence of *tzadakah*—justice and righteousness—as our Jewish tradition teaches it.

As Maimonides taught in his stages of *tzadakah*: It is good to give, better to give with a giving heart, better still to give after being asked, and even better to give before being asked.

E'Shalom,

Congregation Beth Israel Board of Trustees



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MEMBERSHIP FORM

Thank you very much for taking the time to complete this form. Today's Date _____

1) Adult member A

2) Adult member B

Name _____

Circle Title (Mr. Ms. Mrs. Dr. Esq.)

(Mr. Ms. Mrs. Dr. Esq.)

Address _____

City, Zip _____

Home Phone _____

Occupation _____

Employer _____

Work Telephone _____

Cell # _____

E-mail _____

We use the above information (plus children's names and ages) for our membership directory, which is compiled once every two years. This directory is for our member's personal use only.

Initial here if you do not wish to appear in the CBI directory.

Date of birth _____
Month day year

month day year

Jewish? Yes _____ No _____

Yes _____ No _____

Do you read Hebrew? Yes _____ No _____

Yes _____ No _____

Do you have an anniversary to acknowledge _____
Month date year

If you have any questions, please call our office at (831) 624-2015



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Names of children and dates of birth:

Name _____	Birth Date _____
Name _____	Birth Date _____
Name _____	Birth Date _____
Name _____	Birth Date _____

Please put a check mark next to the name of each child who lives in your home. If your child is a junior high school student, a high school student or a college or graduate student, please list school attended and current grade. (For students living away from home, please give us address and phone number if possible.) We like to stay in touch with our children!

Name _____	School _____	Grade _____
Name _____	School _____	Grade _____
Name _____	School _____	Grade _____

Yahrzeit Dates to be Observed by the Congregation:

Please give name of deceased, relationship, date of death and name of person remembering. Please indicate both the English and Hebrew date of death, and let us know which date you wish to observe.

Name _____

Gregorian Date _____ Hebrew Date _____

Remembered by _____ Relationship _____

Name _____

Gregorian Date _____ Hebrew Date _____

Remembered by _____ Relationship _____

(Please add additional names on a separate sheet of paper, thank you.)

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**PLEASE SHARE WITH US ANY TALENTS, INTERESTS, AND HOBBIES YOU HAVE.
GET INVOLVED!!!**

If you would like to volunteer time to the Congregation, what kinds of activity would most interest you and what hours would you prefer?

Below is a list of committees and activities; please put your initials next to all that interest you.
(This does not commit you to anything!)

- | | |
|--|---|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Book Group | <input type="checkbox"/> Mahjong |
| <input type="checkbox"/> Building and Grounds | <input type="checkbox"/> Newsletter (Shofar) |
| <input type="checkbox"/> Caring Community (help for bereaved, ill, etc.) | <input type="checkbox"/> Office Assistance |
| <input type="checkbox"/> Film Festival | <input type="checkbox"/> Oneg Shabbat |
| <input type="checkbox"/> Food Festival | <input type="checkbox"/> Poker |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Publicity/Marketing |
| <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Religious School Teaching |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Ritual/Worship |
| <input type="checkbox"/> Havurot | <input type="checkbox"/> Senior Activities |
| <input type="checkbox"/> Interfaith | <input type="checkbox"/> Social Action |
| <input type="checkbox"/> I-Help | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Israeli Dancing | <input type="checkbox"/> Women’s Torah Study |
| <input type="checkbox"/> Israeli Affairs (ARZA, AIPAC, UJC, etc.) | <input type="checkbox"/> Serving on a Committee/Board |
| <input type="checkbox"/> Library | <input type="checkbox"/> Other |

Do you or anyone in your family have any special skills you would like to contribute to the congregation?

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Congregation Beth Israel 2017-2018 Pledge Form

We are an open and inclusive congregation and welcome you to our congregational family.

Family Name(s) _____

Address _____

City _____ Zip _____

Phone: (Hm.) _____ (Bus.) _____ (Cell) _____

We appreciate your financial pledge to our congregation. All levels of pledges are gratefully accepted as we welcome your active participation in our Jewish community. The sustaining amount for the 2017-2018 fiscal year is \$2500 per family and \$1750 per singles and one-parent families. This level is the amount needed to fully fund CBI's annual budget.

We encourage you become a member of the *Tzadakim* with a minimum total yearly pledge of \$3000 for families and \$2000 for singles and one-parent families.

Pledge (not including contributions to specific funds, sponsorships,
or religious school fees) \$ _____

*There is a particular need to enhance the Building Fund and the General
Endowment. We encourage and welcome contributions to these funds.*

My Contribution to the Building Fund is \$ _____

My Contribution to the General Endowment is \$ _____

Total Pledge for 2017-2018 \$ _____

____ *I wish my donation to remain anonymous.*

See the reverse side for payment information.



Congregation Beth Israel 2017-2018 Pledge Form

We are an open and inclusive congregation and welcome you to our congregational family.

- Enclosed is a check
- I am paying in one payment
 - I will send a check every month
 - I will send a check every quarter
 - Other _____
- I would like to set up automatic Bill Pay through my bank
CBI prefers to receive payments thru auto bill pay as there are no credit card fees charged to our Congregation. Please contact our Executive Director for assistance.
- Other Payment Type
- I am paying with a stock distribution
 - I am paying with a bond distribution
 - I am paying with a Retirement Required Distribution
 - Other _____
- Please charge my card listed below (please note we only accept Visa & MasterCard)
(Please add a \$50 administrative processing fee)
- I am paying in one payment
 - Please charge my card every month for 1/12 of my pledge
 - Please charge my card every month \$ _____
 - Please charge my card quarterly (July, November, February and May)
 - Other _____
- Please keep my credit card number on file for future payments.

Credit Card information:

Name on card _____

Credit Card Number _____

Expiration Date _____ Security Code _____

Billing Address of the Credit Card if Different from your Mailing Address:

Address _____

City _____ Zip _____

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