

2024-2025 Pledge Commitment Form
Associate Membership

Minimum Associate Dues is \$75

Any additional contribution you wish to make will be greatly appreciated. Thank you so much!

Pledge Commitment to Temple Shalom:

Family Name _____

Member 1 Name _____

Member 2 Name _____

Mailing Address _____

I/We pledge to pay annual dues to Temple Shalom for the 2024-2025 fiscal year, which began on July 1, 2024, in the amount of: _____.

Email address (so we can keep you in the loop!) _____