

## Financial Agreement 2024-2025

Membership covers timeframe from now through **August 31, 2025**.  
 Membership includes ticket for all 2024 High Holy Day services per Paid Member.

**I. Membership** (Choose one option)

<input type="checkbox"/>	Single Person	1 Adult – local, <i>within South Florida</i>	\$ 300.00
<input type="checkbox"/>	Single Person	1 Adult – <i>outside of South Florida</i> .	\$ 250.00
<input type="checkbox"/>	Single Parent Plus	1 Adult, with children	\$ 325.00
<input type="checkbox"/>	Couple	2 Adults, no children	\$ 500.00
<input type="checkbox"/>	Family	2 Adults, with children	\$ 500.00
<input type="checkbox"/>	Young Family	2 Adults (< age 40), with children	\$ 500.00
<input type="checkbox"/>	Young Single	1 Adult (age 18 to 30) - FREE	\$ 0.00

**TOTAL MEMBERSHIP (from above)** \$ \_\_\_\_\_

**II. Additional Donations**

Sponsor of Oneg Shabbat _____ (date)	\$ 100.00	\$ _____
Sponsor of Program _____	\$ 100.00	\$ _____
Provide donation to assist someone who cannot otherwise afford membership		\$ _____
Other donation _____		\$ _____

Please note donation as being:

IN HONOR OF (or) IN MEMORY OF (please circle choice)

**Total Due** (sum of sections I + II above) \$ \_\_\_\_\_

**Payment Options** (Choose one option)

- One full payment submitted with this agreement
- Deposit one half of dues, then balance due on 1<sup>st</sup> day of month 6 months after Agreement Date
- Deposit one qtr of dues, then balance due in 3 equal payments on 1<sup>st</sup> day of month every 3 months
- Deposit \$100.00 per adult, then balance due in monthly equal payments on 1<sup>st</sup> day of each month

Credit Card Payments are available on our website, secured through Stripe Payment Processing. Please note that Credit Card Payments incur an additional 3% surcharge to L'Dor Va-Dor, please consider covering this processing fee with your online payment.

**All payments for current fiscal year must be received no later than August 31, 2025.**

**Less Deposit (or applicable Discount)** < \$ \_\_\_\_\_ >

**Balance Due** \$ \_\_\_\_\_

**Financial Agreement Authorized By:** \_\_\_\_\_

**SIGNATURE of Member(s) REQUIRED**

**Dated:** \_\_\_\_\_

### Congregation L'Dor Va-Dor

6100 Boynton Beach Blvd # 743102 · Boynton Beach , FL 33474 · (561) 968-0688

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**Membership Form 2024-2025**      **Date** \_\_\_\_\_

Last Name(1) \_\_\_\_\_ First Name \_\_\_\_\_ Birthday \_\_\_\_\_

Last Name(2) \_\_\_\_\_ First Name \_\_\_\_\_ Birthday \_\_\_\_\_

Occupation(s) \_\_\_\_\_ Anniversary \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone(1) \_\_\_\_\_ Work Phone(1) \_\_\_\_\_

Cell Phone(2) \_\_\_\_\_ Work Phone(2) \_\_\_\_\_

Email Addr(1) \_\_\_\_\_ Email Addr(2) \_\_\_\_\_

***How did you hear about us?*** CIRCLE 1: Family/Friend/Rabbi/Website/Advertising/Flyer/Postcard/ \_\_\_\_\_

- To OPT OUT of Congregation Email communications, please check box to left.
- To OPT OUT of inclusion on L'Dor Va-Dor Directory for Members only, please check box to left.

**Yahrzeits (please provide *English* Month and Day; you will receive notification for each):**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Death \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Death \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Death \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Death \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Death \_\_\_\_\_

**Children (List ONLY for Family Memberships):**

Name \_\_\_\_\_ Birthday \_\_\_\_\_

Name \_\_\_\_\_ Birthday \_\_\_\_\_

Name \_\_\_\_\_ Birthday \_\_\_\_\_

Name \_\_\_\_\_ Birthday \_\_\_\_\_

**Interest for Volunteering/Committees to join:**     Membership     Sunshine     Fundraising

Ritual     Program Planning     Religious Education     High Holy Days     Financial

Oneg     Sisterhood     Men's Club     Gift Shop     Social Action     Communication

Social Media     Marketing     Grant Writing     Bylaws     Other Education

Other \_\_\_\_\_

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