



Hebrew Tabernacle
CONGREGATION
AN INCLUSIVE REFORM COMMUNITY

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www.hebrewtabernacle.org

Paula Feldstein
Rabbi

July 2020

Kalix Jacobson
Student Cantor

Robert L. Lehman z"l
Rabbi Emeritus

Joan Serrano Laufer
President

Denny Kelk
Vice President

Michael Klein
Vice President

Jen Talansky
Vice President

Sara Silver
Treasurer

Desma Holcomb
Secretary

Diana Douglas
Sisterhood President

Richard Ehrenreich z"l
Men's Club President

Deb Canning
Hebrew School Parent Assoc.

Sheldon Koy
Administrative Director Educator

Thank you for being part of our diverse Hebrew Tabernacle family—from young families to elders. Your involvement has kept us strong through these hard times. We hope you are eager to join with our new Rabbi Paula Feldstein to support Reform Jewish worship, ethics and learning, and the well being of our community, especially in these COVID19 times.

Won't you please renew your membership commitment for the coming year? (And, if you can do more, could you please join at a Supporter or Donor level or make a one-time additional offering of \$36, \$54, \$180, \$360 or more?)

Our Board of Trustees has a Membership Dues structure based on two principles: We try to keep entry-level and basic membership affordable to current and potential members. Higher membership levels are available for those who can and wish to give more.

On the form (next page), please indicate what dues amount you will pledge and pay for the coming year, July 2020 through June 2021 and mail this form with your payment by check **or** email/mail the form and pay via Zelle using this email, htbookkeeper@nyc.rr.com, or by PayPal or credit card on www.hebrewtabernacle.org.

Thank you for being part of our Hebrew Tabernacle family and for your vital contributions. Please do not hesitate to reach out to seek assistance, to make suggestions or to offer to volunteer. We look forward to gathering, sharing, learning, celebrating, and worshipping together in the year ahead.

Shalom,

Joan S. Laufer
President

Hebrew Tabernacle Families with Hebrew School/Hebrew High Kids Form
For families (with children in Hebrew School/Hebrew High), **please check one**:

Family Membership range for 2 Parents with Hebrew School/Hebrew High child(ren):

Membership for 2 parents (2 votes and 2 High Holiday tickets worth \$500)

Oldest child in Aleph \$ 500 _____
Oldest child in Bet to Gimmel \$ 750 _____
Oldest child in Dalet to Vav \$1,000 _____
Oldest child in Zayin/Bar-Bat Mitzvah/Hebrew High \$1,500 _____

If you can rejoin at one of these higher levels, please do so:

Family Membership for 2 parents (2 votes & 2 adult High Holiday tickets)

Basic Membership \$2,000 _____
Supporter Membership \$2,500 _____
Donor Membership \$3,000 _____

Family Membership range for 1 Parent (1 vote & 1 Holiday ticket)

Oldest child in Aleph, Bet or Gimmel \$ 500 _____
Oldest child in Dalet to Vav \$ 750 _____
Oldest child in Zayin/Bar-Bat Mitzvah/Hebrew High \$1,000 _____

If you can rejoin at one of these higher levels, please do so:

Membership for 1 Parent (1 vote & 1 ticket):

Basic Membership \$1,000 _____
Supporter Membership \$1,250 _____
Donor Membership \$1,500 _____

(All memberships include High Holiday tickets for your children under 18, upon request.)

Please indicate below when you plan to pay **or** contact Secretary Desma Holcomb desma.holcomb@gmail.com or Membership Co-Chair Rita Hamburg hamburg@nyp.org or request a dues adjustment—due to COVID or another circumstance.

You can also request a different payment plan (such as monthly).

Please FILL in AMOUNT you are paying now and CHECK OFF your payment plan option:

___ I am paying in Full (\$ _____)
___ I am paying 1 /4 now (\$ _____) & Quarterly (via pre-filled checks, if possible)
___ I am contacting Secretary or Membership Committee
re: alternate payment schedule or dues adjustment

Please fill in your contact information: *Indicate the Member/Voter(s) with a checkmark.*

____ Name: _____ Email: _____

Voter?

Phone: Cell _____ Home: _____

____ Name: _____ Email: _____

Voter?

Phone: Cell _____ Home: _____

Address: _____

Name(s) & Age(s) of Child(ren) (if relevant): _____

CONTINUED ON NEXT PAGE...

Please review the Membership Directory (attached) and let us know if you would like to retain or update your listing OR add your family to this Directory. If you want to add your family to the Directory, circle or **bold** the contact information above that you want included.

Also, is there any information about professional services you offer or your business or other special interests/affiliations that you wish to have listed at the back of the Membership Directory?
