

Temple Beth Tikvah 5784 Annual Fund Pledge

| Please indicate how you would like yo | our name to a | appear in recognition of your gift. |
|--|-----------------------|--|
| Name | | |
| ☐ I wish this gift to be anonymo | us. | |
| Address | | |
| City | State | Zip Code |
| Home Phone |] | Email Address |
| I would like to pledge \$ | | |
| Enclosed is a check payable | e to Temple | e Beth Tikvah Annual Fund. |
| I would like to pay by direct To pay by ACH (direct withdrespage). | | al from my bank account. Tete the authorization on the reverse side of this |
| I would like to pay by credit | it card. | |
| ☐ MasterCard ☐ Visa | ☐ Americ | can Express |
| Card Number | E | Expiration Date: / CVV code |
| ☐ In an effort to offset processing fee | es, I agree to a | add 3% to my Annual Fund pledge amount. |
| Signature: | | |
| □ No Gift | ching form osed | ☐ Form will be sent later Pond Madison CT 06443 |
| and any form to. Temple Deal Likva | m, 190 Duille | ani road, madison, Ci outts |

Please make checks out to Temple Beth Tikvah

All pledges to the 5784 Annual Fund must be paid by June 1, 2024. All donations to the Annual Fund are tax deductible.

ACH Payment Authorization

| (Congre | egant's Full Name) | | • |
|---------------------------|--|---------------------------------------|--|
| charge my bank accou | nt payment as indicated | below. | |
| | | | |
| Annual Fund: | | Amount: | |
| Billing Information: | | | |
| Billing Address: | | Phone: | |
| City, State, Zip: | All and the second of the seco | | |
| Bank Information: | | | |
| Checking: | Savings: | - | |
| Names on Account: | E-2000 | | |
| Bank Name: | | | |
| Account Number: | | | |
| Routing Number: | | · · · · · · · · · · · · · · · · · · · | |
| notify Temple Beth Tikvah | in writing of any changes in | my account information or t | nless I cancel it in writing, and ermination of this authorization kend or holiday, I understand |

I understand that this authorization will remain in effect throughout our fiscal year unless I cancel it in writing, and I agree to notify Temple Beth Tikvah in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the prior or next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Temple Beth Tikvah may at its discretion attempt to process the charge again within 10 days and agree to an additional \$35 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the organization of ACT transaction to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in the authorization form.

| Signature: | Date: | |
|------------|-------|--|