



2019-2020 Sha'ar Zahav Member Commitment

NAME (S) _____ DATE: _____

| |
|------------------------|
| PLEDGE AMOUNT \$ _____ |
|------------------------|

PAYMENT

One-time gift Monthly

Credit Card If yes, may the office add 3% to cover costs? Yes No

Credit Card # _____ Expiration Date: _____ Security #: _____

Other form of payment. Please explain: _____

ACKNOWLEDGEMENT

Yes, you may recognize me/us. (Note your donation amount will not be listed)

I prefer to remain anonymous

TRIBUTE TO A FRIEND OR LOVED ONE

Yes No

If yes... In honor of -or- In memory of

Whom: _____

Please return this form (and a check if you would like) in the enclosed envelope to:

Sha'ar Zahav (Attn: Sharon Heath)
290 Dolores Street
San Francisco, CA 94103