



Southwest Orlando Jewish Congregation

Clergy Fund Pledge Card

1 year pledge

“Continuing to Build our Family”

Name:

Address:

Phone Number/Email:

Kindly mark your donation amount and payment method below. Please include a check for the total amount or for the first month.

Your information will remain confidential. Thank you for your support.

_____ \$120.00 pay in full or _____ \$ 10.00 per month

_____ \$180.00 pay in full or _____ \$ 15.00 per month

_____ \$300.00 pay in full or _____ \$ 25.00 per month

_____ \$600.00 pay in full or _____ \$ 50.00 per month

_____ \$900.00 pay in full or _____ \$ 75.00 per month

_____ \$1200.00 pay in full or _____ \$100.00 per month

_____ \$1500.00 pay in full or _____ \$125.00 per month

_____ \$1800.00 pay in full or _____ \$150.00 per month

_____ \$2400.00 pay in full or _____ \$200.00 per month

_____ \$3000.00 pay in full or _____ \$250.00 per month