



Community Synagogue of Rye

CONFIDENTIAL ASSISTANCE FORM

Please return this form before 7/31/2015 via fax, email or USPS to: Irene Lustgarten, Executive Director

Name: _____ Phone: _____ Email: _____

Number of adults in your household: _____ Number of children in your household: _____

Please indicate the type of affiliation you are requesting and the amount of assistance, up to 30%, that you feel is appropriate under your current circumstances. **Please note that any relief granted is for the current year only. Thus, even if you have requested and received assistance in prior years, you must apply for this consideration each year.** There is an option to set up monthly electronic payments, if you are interested.

<u>Category</u>	<u>15-16 Commitment</u>	<u>Requested Allowance</u>
Two adult household _____	\$3175	I/We are able to commit to \$2857 (10% allowance) _____ I/We are able to commit to \$2540 (20% allowance) _____ I/We are able to commit to \$2223 (30% allowance) _____
Single adult household _____	\$2150	I am able to commit to \$1935 (10% allowance) _____ I am able to commit to \$1720 (20% allowance) _____ I am able to commit to \$1505 (30% allowance) _____

Contributions to the Building Fund, a board restricted fund, are used for capital improvements and extraordinary repairs. I/We are able to pay _____ towards our building fund commitment.

Please assist us in understanding your financial situation by indicating below the reasons for requesting an adjustment in your affiliation commitment.

Your signature Date

YOUR ANNUAL COMMITMENT WILL BE FINALIZED ONLY AFTER THE TREASURER OR EXECUTIVE DIRECTOR CONTACTS YOU.
----- Please do not write below this line. -----

Approved by: _____

Amount: _____ Date: _____
200 Forest Avenue, Rye, NY 10580
Phone: 914-967-6262 Fax: 914-967-0065 Email: ilustgarten@comsynrye.org