



Lighting the path for all generations

CONFIDENTIAL APPLICATION FOR DUES ASSISTANCE

We are committed to enabling all who seek to join us to do so regardless of their financial abilities. We strive to make the process to obtain assistance as easy and unobtrusive as possible. We ask for the following information so that we can work with you to develop a fair financial solution that is manageable for your family.

Please complete the information below and return it to Amy Abrams, Executive Director. If you prefer to speak by phone, please call the office.

CONGREGANT INFORMATION

Name:

Address:

City:

State:

ZIP Code:

Home Phone:

Work Phone:

Cell Phone:

Email Address:

Signature:

Date:

REQUEST INFORMATION

I/we hereby apply for relief from the scheduled dues and fees for the fiscal year beginning July 1, _____

Why are you requesting assistance? Please share your specific situation with us. All matters are held in strict confidence.

FINANCIAL INFORMATION

What is your gross income and from what source?

What is your proposed payment?