



Ruach Hamidbar

Spirit of the Desert

8214 East Appaloosa Trail
 Scottsdale, AZ 85258
 HOTLINE 602-420-1700
 www.ruach.org

Membership Profile 20010/11

(Current members: Just update new information only.)

Name

Hebrew Name

Street Address

City/State/Zip

Home phone

Work phone

Cell phone

FAX

Email

Birthdate/Anniversary

Occupation

Name

Hebrew Name

Street Address

City/State/Zip

Home phone

Work phone

Cell phone

FAX

Email

Birthdate/ Anniversary

Occupation

Child/Student 's Name	Hebrew Name	Birth Date	M/F	Grade

Yahrzeit notices/Kaddish

Name	Relationship	English Date (indicate pre or post sundown)

Membership Financial Arrangements

Ruach Hamidbar - Sprirt of the Desert provides a broad range of programs and services through the support of our members. Please respond in a timely manner. We extend our sincere thanks for your special consideration. All fees are tax-deductable & non-refundable.

Annual Dues: August 1, 2010 - August 1, 2011 - Includes High Holy Days Services

Members	Number	Total
Adults @ \$540	_____	_____
Children & B'nai Mitzvah Student FREE	_____	_____
Full time University/College Student \$36	_____	_____
Part time Student @ \$54	_____	_____
Sustaining Membership @ \$1,200	_____	_____
Chai Life Membership @ \$1,800	_____	_____
Lamed Vav Membership @ \$3,600	_____	_____
Tree of Life @ \$18,000, \$36,000, \$72,000	_____	_____

I wish to support Ruach Hamidbar and pledge more than minimum dues.

My Membership pledge will be a pledge of _____ monthly or _____ yearly.

Tzedakah Pledge

My Tzedakah pledge will be a pledge of _____ monthly or _____ yearly.

Please donate my Tzedakah pledge to (fill in amounts or check your choice)

- _____ Needy Families _____ ER Israel Tzedakah _____ ER Local Tzedakah
- _____ Torah Ark Fund
- _____ Shabbat Kiddush Fund
- _____ Membership & High Holy Days Scholaships
- _____ Guest Teachers, Musicians & Artists Fund
- _____ Rabbi's Discretionary Fund
- _____ Other _____

I pledge to support our community. Total Amount Due: _____

Date: _____ Signature _____

Method of Payment I wish to make (1-4) _____ payments. Call Jennifer for other arrangements: 480-206-5078

() check # _____

() Please bill my credit/debit card Account # _____ Exp. Date _____

() Mastercard () VISA () Discover () American Express V-Code: _____

A 3 - 4 digit non-embossed number found on back of the card within the signature panel or near embossed account number on front of card.

Print name as it appears on card _____

Signature _____