



HIGH HOLIDAYS 2018/5779 CONTRIBUTION FORM

NAME(S) _____
(Please print legibly)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (H) _____ (C) _____

E-MAIL _____

PLEASE TELL US WHERE YOU FIRST HEARD ABOUT FABRANGEN: _____

- Keep in touch with Fabrangen's activities throughout the year with our bi-weekly electronic newsletter. Check here to subscribe. (E-mail addresses are kept confidential and are not shared with other organizations.)*
- I am interested in learning more about Fabrangen and would like someone to contact me.*

I. HIGH HOLIDAYS CONTRIBUTION I want to support Fabrangen's High Holidays Services.
Your contribution helps us continue to offer no-ticket High Holidays Services that are open to everyone.

- Adults:** Suggested minimum contribution: \$125 per adult. \$ _____
- Children:** Suggested minimum contribution: \$36 per child. \$ _____
- Additional Contribution to Fabrangen:** \$ _____

II. FABRANGEN MEMBERSHIP I want to become a member of Fabrangen.
Fabrangen now has a "fair share" dues structure, with three suggested dues levels that reflect the different abilities of our members to support Fabrangen financially. Please select the option that best fits your personal needs.

- Regular dues for an individual adult: \$600 per year (\$50/month) \$ _____
- Sustaining dues for an individual adult: \$900 per year (\$75/month) \$ _____
- Lower rate dues for an individual adult: \$240 per year (\$20/month) \$ _____

III. HIGH HOLIDAYS TZEDAKAH I want to make a donation to one of the suggested tzedakah recipients described on the other side of this page.

- The Fabrangen Refugee Assistance Committee** (support for a refugee family living in Baltimore) \$ _____
- Imago Dei (ID) and the Walk-In Ministry at Foundry Methodist Church** (help obtaining identification and other important documents) \$ _____
- Daniella's Den (Beit Daniella)** (short-term post hospital psychiatric care for youth in Israel) \$ _____
- The Traron Center** (helping those affected by gun violence heal through arts and activism) \$ _____

IV. TOTAL CONTRIBUTION \$ _____

Check: Please make your check payable to 'Fabrangen' and mail in the enclosed envelope to:
 Fabrangen, 7750 16th Street NW, Washington, DC 20012

Credit Card: Please go to our website, www.fabrangen.org, to make a secure donation or membership dues payment via PayPal.